									Rudget F	Bureau No. 44	A D125
U.S. Departme U.S. TRAININ	ent of Lab	or, Employ EMPLOYN	ment and Trai	ning A	dministration	n			AME AND ADDRESS	sureau No. 44	1-K135
		JRNISHE	D HOUSING	3 ANI	FACILIT	IES	5601	High S	treet; PO Box 8 0 63332		
2. HOUSING LO	CATION		actions on hever	36)			3. HOUSIN				
520 Crow Augusta, I								h Home			
4. SLEEP ROOM			ormitory Type				nily Type		ES USE ON		
(No. & Measur	-	1 2		4	1	2	3	4	5. CAPACITY Z	LT	
Width	-	11 11					-		(Adults) 6. REGULATIONS COMPLIA	NCF	
Ceiling Height		8 8							("x" proper box)	Yes	No
Square Feet					-				Water	$\overline{\mathbb{X}}$	
•		32 13	2		+				Electricity		\perp
No. of Rooms No. of Beds,		1 1							Site	- OK	
Single	Single No. of Beds or							Screening			
Bunks, Double									Heating	1X	
		of each)	1				,				
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads			
1							1				
Bathtubs	Movable	Bathtubs	Laundry mach	nines	Fixed laund	ry tubs	Movable la	aundry			
1			1				tubs				
Cook Stoves	Refrigera	ators	Garbage cont	ainers	First-aid Kit	S	Fire Exting				
1	1				1		(No. & typ	e)			
8. COMMENTS							L				
9. EMPLOYER'S	CERTIFIC	CATION:									
the housing des	scribed ne	erein 🔼 m	neets does	s not m	eet such star	ndards. H	nereby auth	orize repr	S. Training and Employment Seresentatives of the State Employany reasonable time.	ervice, and yment Servi	that ice
Employer's Signati	ure	1 C	ing Administrat	ion regi		Name a		ousing at	any reasonable time.	nto.	
Alle	10 H	TIN	ana		100.00		rinkman	1	, Da	5 ./n . (
10. HOUSING INS	SPECTED	DBY: Joy	ce Hahn							2-10-14	
Signature of Autho	rized Offic	icial //			Турес	Name a	nd Title		Da	te	_
Ljoy	ce	Acc	_		Jo	усе На	hn, Prog	gram C	oordinator /-	2-10-1	4
			or occupancy b	y worke	ers recruited	interstate					/
Signature of Autho	rized Offic	cial	1		15.74	Name ar			Da	te	
fore	of Authorized Official				Jo	усе На	hn, Prog	gram C	oordinator	2-10-1	4
/											

IIS Departm	ant of Lab	Г.						14 51101	01/==:=:		Budget Bureau No. 44	4-R1358
U.S. Departm U.S. TRAINII	NG AND E	r, Emplo MPLOY	oymer MEN	nt and Trai NT SERVI	ning A CE	dministratio	n	1		NAME AND ADDRESS		
						D FACILIT	TIFS	1835	8 Cour	crete, Inc. ty Hwy D-20		
				ns on Rever			ILO	Alder	n, Iowa	50006		
2. HOUSING L	OCATION							3. HOUSI	NG DESC	RIPTION		
430 Paul										bile Home		
Wayland,	MO 634	72							1			
1.0								ID	frak	3145		
4. SLEEP ROOF (No. & Measu	MS re) 1		Dormi 2	tory Type	4			mily Type		E6 116	SE ONLY	-
Length	13'6		3'6	13'6	4	1	2	3	4	5. CAPACITY		
Width	11.6	11	1.6	11.6				-		(Adults) 6. REGULATIONS CO	12	
Ceiling Height	t 8	-	В	8						("x" proper box)	Yes	No
Square Feet										Water		
No. of Rooms		+						-		Electricity		
No. of Beds,	No. of Beds, Single									Site		
	No. of Beds or									Screening	\boxtimes	
										Heating	\boxtimes	
Flush Toilets		ach)	T							2/ /		
2	Privy		Urin	nals		Lav. or Was	shbasins	Showerhe	eads	3/5/15 Ho	using Inspe.	
						2		2		3/5/15 Ho for Illino	015 51000	
Bathtubs	Movable B	athtubs	Lau	ndry machi	nes	Fixed laund	ry tubs	Movable I	aundry			
2								tubs		work is	in that	
Cook Stoves	Refrigerato	rs	Garl	bage conta	iners	First-aid Kits	3	Fire Exting	nuichare	State.		
1	1		1			1		(No. & typ	e)			
8. COMMENTS								2				
Smoke	d (-			100		·	Dot	a.to		4		
)	7		
City -	ITAS	NA	Dic	K-U	4	Q X	a.w.	cek				
Local	191	LVIC	tu	u m	at	+						
			- 1				-4.	-4-1				
		_	1	DUI	IT	con	5 110	20118	211			
9. EMPLOYER'S			ا ام ساده	4b - b		W 902	50.0					
										S. Training and Employn esentatives of the State	nent Service, and the	at
Employer's Signatu		id Iraini	ing Ac	dministratio	n regio	mai office to	mspect tr	ie above no	ousing at a	any reasonable time.		
	1 /						Name ar		5.00		Date	
10. HOUSING INS	PECTED B	٧٠				10	LID	Hipp	IER	managEn	3-5-15	
Signature of Author						Tuned	Nome ==	d Title				
Dalua	177	wo h					Name an bra Mir		te Mon	itor Advocate	Date 3/5/2015	
11. APPROVAL:		21.	or occ	upancy by	worker	s recruited in		, Ota	191011		3/5/2015	\dashv
ignature of Author	ized Official			, -,			Name an	d Title			Date	\dashv
Delan	11)	Min	h						te Mon	tor Advocate	Date 1	-
- VIII	. 1	1100	1								1 3-5-15	

T									L =		Bu	rm Approved Idget Bureau No.	44-R1358
U.S. Departme	NG AN	ID EMP	LOY	MENT	SERVI	CE			Alew	elt Con	IAME AND ADDRESS Crete Inc.		
EMPLO	YER				OUSING on Rever		FACILIT	TIES	1835 Alder	8 Coun า, Iowa	ty Hwy D-20 50006		
2. HOUSING L	OCATI								3 HOUSE	NG DESC	RIPTION		
5046 Red Fulton, M	Мар О 62	ole Lar 251	ne								ile Home		
4. SLEEP ROOF			a. D	ormito	ory Type			b. Fai	mily Type				
(No. & Measur	re)	1	2		3	4	1	2	3	4	ES USE	ONLY	
Length		13'6	13	.6	13.6						5. CAPACITY (Adults) 1	2	
Width	_	11.6	11.	6	11.6						6. REGULATIONS COM ("x" proper box)	PLIANCE Yes	s No
Ceiling Height	t	8	8		8						Water	\boxtimes	_
Square Feet		160	16	0	160						Electricity	\boxtimes	
No. of Rooms	o. of Beds,										Site	\boxtimes	
Single No. of Beds or	gle of Beds or										Screening	\boxtimes	
Bunks, Double											Heating	\boxtimes	
Flush Toilets	Privy		1)	Urina									
2	Filty			Unna	is		Lav. or Was	shbasins	Showerhe	eads			
							2		2				
Bathtubs 2	Mova	ble Bath	tubs	Laun	dry mach	ines	Fixed laund	Iry tubs	Movable I tubs	aundry			
Cook Stoves	Refrig	gerators		Garb	age conta	ainers	First-aid Kits	s	Fire Exting	guishers			
1	1			1			1		(No. & typ)e)			- 1
8. COMMENTS Smoke and City trash p Local laund New quality	oick-u dry m y built	ip att t cons	truct		Detect	ors -	4						
office and/or Em	THA scribed nployme	T I have herein	revie m	CELS	1 1 does	not me	et such stan	ndarde Ir	ereby auth	Orize renr	S. Training and Employme esentatives of the State En any reasonable time.	nt Service, and nployment Ser	d that vice
mployer's Signati	ure	2		/	1			Name ar	nd Title			Date	
0. HOUSING INS	1	ED DY	X a	18			1H	OMAS	K. S	Sockli	SUPORVISOR	4/7/201	5
ignature of Autho							T	Name	1 70				
Dolus	()			, L			1	Name ar		ata Mas	itor Advocate	Date	_
1. APPROVAL:	Housin	g approx	yed fo	L 0000	nancy h	worker			11311, 312	are INIOU		4/7/201	5
ignature of Author	rized O	fficial	(. 5000	Paricy D)	worker		Name an	d Title			Data	
Dolora	V	\bigcap	001	1/2						ate Mon	itor Advocate	Date 4/7/201	5
1 / / / / / / / / / / / / / / / / / / /		I M	/ WW	711					,		, idioodio	7/1/201	0

										R	orm Approved udget Bureau No.	44 D46
U.S. Departm	nent of Labor,	Emplo	oyment an	d Training	g Adn	ninistratio	n	1. EMPLO	OYER'S	NAME AND ADDRESS	duget buleau No.	44-R13
U.S. TRAINI								Alewe	elt Con	crete, Inc.		
EMIPLO	YER FUR		ED HOU ructions on		ND	FACILIT	TIES	18358 Alden	B Cour ı, IA 5	nty Hwy D-20		
2. HOUSING L				110 (0130)				3. HOUSIN				
5118 Far	aon Stree	t Lot	#55									
St. Josep	h, MO	. 201	,,,,,					1		oile Home		
4.0155555								IDA	= I	NADEOIR	04466	-M
4. SLEEP ROO (No. & Measu	MS 1		Dormitory 2		4	1		mily Type			ONLY	1,
Length	13'6			3'6	-	1	2	3	4	5 CAPACITY		
Width	11'6	11	1'6 11	'6				+		(Adults) 6. REGULATIONS COM	12	
Ceiling Heigh	t 8	8						-		("x" proper box)	Yes	No.
Square Feet		-	3 8	-						Water	\boxtimes	
		-	_							Electricity		
No. of Rooms No. of Beds.										Site	\boxtimes	П
Single										Screening		
No. of Beds of Bunks, Double		2	2							Heating		
7. FACILITIES (Number of ea	ich)										
Flush Toilets	Privy		Urinals		La	av. or Was	hbasins	Showerhea	ads			
2								2				
Bathtubs	Movable Ba	thtubs	Laundry	machines	Fi	xed laundr	ry tubs	Movable la	undry			
								tubs				
Cook Stoves	Refrigerators	S	Garbage	containers	s Fir	rst-aid Kits		Fire Exting	uishers			
1	1		1			1		(No. & type)			
8. COMMENTS								2 Kidd	ie			
Smoke/Car	bon Mond	nxide	Detecto	ore 1								
	2011 1010110	Mide	Detection	154								
Now wealth	. L . 'U											
New quality	built con:	struct	ion									
EMPLOYED:	OFFICIONE											
EMPLOYER'S (Y THAT I have	e revie	wed the he	ousina rea	ulatio	one of the I	II C Den			3. Training and Employme		-
the housing desconfice and/or Em	cribed herein	⊠ m	eets 🔲	does not r	neet	such stand	dards. I h	ereby autho	abor, U.S rize repre	S. Training and Employme esentatives of the State En	nt Service, and	that
mployer's Signatu	ire and	Trairiii	ng Adminis	stration reg	giona		nspect the	ic above not	using at a	esentatives of the State En any reasonable time.	- Proyment Gervi	
1 mald	2 1	P	ann.	. 1				velt, Pres	idont		Date	
0. HOUSING INS	PECTED BY:	Jovo	ce Hahn			10,00		, 103	side III	Chaple Clauser	RIII	5
ignature of Author						Typed 1	Name an	d Title	5	eper_		
Delocia	1)]e	1115	, h			Joy	ce Hal	n. Work	force S	Specialist IV	Date	
I. APPROVAL: 1	lousing appro	oved for	r occupano	y by work	ers re	ecruited in	terstate			pedialist TV	2/11/15	
gnature of Authori	ized Official						lame and	d Title			Date	
Delara	1) le	nus	ah			Joyc	ce Har	nn, Workf	orce S	pecialist IV		_
						De	b Tou	Mivi	1 = la		-2/11/1	7
								· Illa	1001		•	

* Housing Inspection Conducted for MO-SWA

Form Approved Budget Bureau No. 44-R1358 U.S. Department of Labor, Employment and Training Administration 1. EMPLOYER'S NAME AND ADDRESS U.S. TRAINING AND EMPLOYMENT SERVICE Marc Alewelt **EMPLOYER FURNISHED HOUSING AND FACILITIES** 18358 County Hwy D-20 Alden, IA 50006 (See Instructions on Reverse) 2. HOUSING LOCATION 3. HOUSING DESCRIPTION 72872 638th Ave House Auburn, NE 68305 Capacity = 38 4. SLEEP ROOMS a. Dormitory Type b. Family Type (No. & Measure) ES USE ONLY Length 5. CAPACITY 13 13 13 3812 (Adults) Width 6. REGULATIONS COMPLIANCE 11 11 11 ("x" proper box) Yes No Ceiling Height 8 8 Water X Square Feet 143 143 143 Electricity X No. of Rooms 1 1 1 Site X No. of Beds. Single Screening X No. of Beds or Bunks Double 2 2 2 Heating A 7. FACILITIES (Number of each) Flush Toilets Privy Urinals Lav. or Washbasins Showerheads l Bathtubs Movable Bathtubs Nebraska Housins Laundry machines Fixed laundry tubs Movable laundry I WASHER D 0 0 1 GATEL Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Extinguishers (No. & type) 1 ASC 8. COMMENTS 9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein A meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title 10. HOUSING INSPECTED BY Signature of Authorized Official Typed Name and Title Paul Elkins - Housing Inspector 11. APPROVAL: Housing approved for occupancy by workers recruited interstate Signature of Authorized Official Typed Name and Title Date

Steve Porr, FLC Coordinator

02/11/2015

	U.S. Departm	ent of Loha	- F1						I. FMD	21/	Budget Bu		44-R1358
	U.S. Departm U.S. TRAINII	NG AND E	MPI OV	ymei	nt and Tra	ining A	Administrati	ion			NAME AND ADDRESS		
									Alew	elt Cor	ocrete, Inc.		
1	LIMIPLO	YER FUF					D FACIL	ITIES	1835	8 Cour	nty Hwy D-20		
	2 1101101110		(See Inst	ructio	ns on Reve	rse)			Alder	i, IA 5	0006		
	2. HOUSING L								3. HOUSII	NG DESC	CRIPTION		
	777 E. Ye	erby St. L	_ot 86						16 X	80 Mai	oile Home		
	Marshall,	MO							10%	OO WOL	one nome		
Ī	4. SLEEP ROOF	MS	a. [Dormi	itory Type			h Fa	mily Type				
-	(No. & Measur			2	3	4	1	2	3	4	ES USE ONL	Υ	
L	Length	1110 1376	52 1/2	78	-13'8						5. CAPACITY 14		
	Width	11'6	11		163		_				(Adults) 11		
-	-	1/13	117	3	1773						6. REGULATIONS COMPLIAN ("x" proper box)	CE Yes	No
L	Ceiling Height	8	8	3	8						Water	$\overline{\boxtimes}$	
	Square Feet												
1	No. of Rooms			-				-			Electricity	\boxtimes	
H											Site	\boxtimes	
	No. of Beds, Single				1						0		
	No. of Beds or		2	-			+	-			Screening	\square	
-	Bunks, Double				1						Heating	\bowtie	
	FACILITIES (each)	,									=
	lush Toilets	Privy		Urin	nals		Lav. or Wa	ashbasins	Showerhe	ads	1		
	2								2				- 1
В	athtubs	Movable B	athtuba	1					-				- 1
	-	WOVADIC D	atrituus	Laui	ndry mach	ines	Fixed laun	dry tubs	Movable la tubs	undry			- 1
									lubs				
Co	ook Stoves	Refrigerato	ors	Gart	page conta	iners	First-aid Ki	ite	Fire Futing				- 1
	1	1		1	3			1.5	Fire Exting (No. & type	uisners e)			- 1
_		•		'			1		2 Kido				
	COMMENTS												$\overline{}$
	Smoke/Car	bon Mon	oxide	Det	ectors	-4							
						•							
													- 1
	New quality	built cor	nstruct	ion									
0	EMPLOYEDIA												- 1
9.	EMPLOYER'S (Y THAT I ha	TION:	d 4	h = h = !								_
t	he housing desc	ribed hereir	n \boxtimes m	weu i eets	does	g regui not me	ations of the	U.S. Dep	artment of L	abor, U.S	S. Training and Employment Servi	ce, and ti	hat
	office and/or Em	ployment an	nd Trainin	g Ad	ministratio	n regio	onal office to	inspect th	ne above ho	using at a	esentatives of the State Employme any reasonable time.	nt Service	æ
Em	ployer's Signatu	fe	i	,	001	1	Турес	d Name an	d Title	aomy at t	Date		
	10	40.	1/2	1	-1111b	Un	MA MA	arc Alev	velt, Pres	sident			
10.	HOUSING INS	PECTED BY	y.		11100	14	WA				1	25-	16
	nature of Authori						1-			,			
-	Sour.	///	C Treatment				Турео	Name an	d Title	/	Date		
1	Jy Cez	4en						Dyc	e No	ahn	9.	5-11	
	APPROVAL: H	lousing app	roved for	OCCL	pancy by	worke	s recruited	interstate.			1/4	3/6	
ign	ature of Authoriz	zed Official	,				Typed	Name and	d Title /		Date		-
_	forece	Ha	1				1	81/10	11.1			5-16	
	11	1						Dyce	- tun		10	7.16	,
	60							1					

	mant of Lab	п .					T		Ri	orm Approved udget Bureau No. 4	44-R
U.S. TRAIN	ment of Labor, ING AND EN	APLOY	yment and Tr	aining A	Administrati	on	1		NAME AND ADDRESS		
EMPLO	OYER FUR	NISHE		IG AN	D FACILI	TIES	1835	elt Cor 8 Cour n, IA 5	ocrete, Inc. nty Hwy D-20 0006		
2. HOUSING							3 HOUSE	NG DEE	CRIPTION		
1110 6th	Street Lot	#7					1		oile Home		
Bethany,	MO 6442	4					10 %	OU WILL	olle nome		
4. SLEEP ROO (No. & Measu	OMS ure) 1		ormitory Type			b. Fa	mily Type		Т —		
Length	13'6	13'		4	1	2	3	4	5. CAPACITY		
Width	11'6	11'0				-	-		(Adults) 1 6. REGULATIONS COM	2	
Ceiling Heigh	nt 8	8	8	-		-	-		("x" proper box)	PLIANCE Yes	N
Square Feet		+	+ -			-			Water		
No. of Rooms		-				-			Electricity	\square	
No. of Beds,		+-	-						Site	\boxtimes	
No. of Beds or	7 2	2	-		-				Screening	\boxtimes	
Bunks, Double 7. FACILITIES (I	8		2						Heating	\boxtimes	
lush Toilets	Privy		Urinals		Lav. or Was	ahbasis.	lo				
2					Lav. or vva:	silvasins	Showerhe 2	ads			
lathtubs	Movable Bat	htubs I	Laundry mach	ines	Fixed laund	ni tuba					
			•		· ixed laund	iy tubs	Movable la tubs	unary			
ook Stoves	Refrigerators	- (Sarbage cont	ainers	First-aid Kits	2	Fire Exting	ulahara.			
1	1		1		1		(No. & type)			
COMMENTS							2 Kidd	ie			
Smoke/Car		xide D	etectors-	-4							
quality	built cons	tructio	n								
EMPLOYER'S C I CERTIFY the housing desc office and/or Emp	CERTIFICATION THAT I have bribed herein ployment and	ON: teviewe	ed the housing	g regula not mee	nal office to i	nspect the	above hou	abor, U.S ize repre ssing at a	. Training and Employmen sentatives of the State Em ny reasonable time.	t Service, and th ployment Service	nat e
EMPLOYER'S O I CERTIFY he housing desc office and/or Emp	CERTIFICATION THAT I have bribed herein ployment and	ON: teviewe	ed the housing	g regula not mee n region	Typed I	nspect the	above hou	ising at a	. Training and Employmen sentatives of the State Em ny reasonable time.	t Service, and th ployment Service Date	nat e
EMPLOYER'S C	CERTIFICATION Y THAT I have bribed herein ployment and the property of the pro	ON: teviewe	ed the housing	g regula not mee n region	Typed I	nspect the	above hou	ising at a	. Training and Employmen sentatives of the State Em ny reasonable time.	ployment Service	nat e
EMPLOYER'S C I CERTIFY he housing desc office and/or Emp ployers Stanatur HOUSING INSE	CERTIFICATION THAT I have cribed herein ployment and the rein ploy	ON: teviewe	ed the housing	g regula not mee n region	Typed I	nspect the Name and rc Alew	above hour Title	ising at a	sentatives of the State Em	Date 8-19-15	nat e
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EMPLOYER'S OF AUTHORISE TO AUTH	CERTIFICATION Y THAT I have bribed herein ployment and tree pected by: zed Official country approved the country approved to t	DN: a reviewe Training	ed the housing does Administratio	L region	Typed I	nspect the Name and rc Alew	above hour Title	ising at a	sentatives of the State Em	Date 8-19-15	nat e
EMPLOYER'S C I CERTIFY he housing desc office and/or Employer Stanatur HOUSING INSE	CERTIFICATION Y THAT I have bribed herein ployment and tree pected by: zed Official country approved the country approved to t	DN: a reviewe Training	ed the housing does Administratio	L region	Typed N Typed N Typed N Typed N Typed N	nspect the Name and rc Alew	e above hour of Title relt, Pres	ising at a	ny reasonable time.	Date 8-19-15	nat e
EMPLOYER'S OF AUTHORISE TO AUTH	CERTIFICATION Y THAT I have bribed herein ployment and tree pected by: zed Official country approved the country approved to t	DN: a reviewe Training	ed the housing does Administratio	L region	Typed N Typed N Typed N Typed N Typed N	Name and	e above hour of Title relt, Pres	ising at a	ny reasonable time.	Date $8-(9.15)$ Date $8-(9.15)$	nat e

											Budget 8u		14-R1358
U.S. Departr U.S. TRAIN	nent of I	Labor, I	Emplo	yme	ent and Tr	aining .	Administra	tion			NAME AND ADDRESS		
1											icrete, Inc.		
CIVIPLO	DIEK				HOUSIN ons on Reve		D FACIL	ITIES	Alde	n, IA 50	nty Hwy D-20 0006		
2. HOUSING	LOCATI	ON							3. HOUS	ING DESC	CRIPTION		
605 E. F	ields E	3lvd. L	ot C	3-12	2				1		le Home		
El Dorad	o Spri	ings, I	MO I	647	44				IOAC	O INIODI	ie nome		
4. SLEEP ROC (No. & Meast		1			itory Type				mily Type		ER USE ONLY		
Length		14'10		2	16'2	4	1	2	3	4	ES USE ONL'	r	
Width		11'3	11	'3	11'3	-	-	-	+	-	(Adults) 11 6. REGULATIONS COMPLIANCE	Œ	
Celling Heigh	nt	8	8	_	8					-	("x" proper box)	Yes	No
Square Feet		160		-					-		Water		ᆜ
No. of Rooms	_	100	13	9	183						Electricity		
No. of Beds.	-			\dashv							Site	\boxtimes	
Single No. of Beds o	ır.				1						Screening	\boxtimes	
Bunks, Double	0	2	2		1						Heating	\boxtimes	
7. FACILITIES (Flush Toilets		of each)										
	Privy			Urir	nais		Lav. or W	ashbasins	Showerhe	eads			
2									2				- 1
Bathtubs	Movab	le Bath	lubs	Lau	ndry macl	hines	Fixed laur	dry tubs	Movable I	aundry			
2									lubs				
Cook Stoves	Refrige	erators		Garl	bage cont	ainers	First-ald K	its	Fire Exting	uishers			
1	1			1	10.50		1		(No. & type	θ)			
B. COMMENTS									2 Kido	die			_
Smoke/Car	rbon N	/lonox	ide	Det	ectors								
					COLOTS								- 1
New quality	y built	const	ruct	ion									
Elia overe													
EMPLOYER'S				ved t	he housin	n renul	ations of the	alle Dan	ndmont of i	lahar II 6	6. Training and Employment Service		
the fieldstill des	CHIDGO II	atalli F	\sim me	ers	1 100085	not me	at such sta	ndorde I h	arahu authi	riza rante	containing of the Cinta Employees	e, and th nt Servic	e
pployers Signatu	hinkingi	nt and T	rainin	g Ad	ministration	on regio	nai onice to	inspect th	e above ho	using at a	iny reasonable time.		
	· (4	20	2	,		e	A	d Name an	A ,	11	Date	1	
). HOUSING-HAS	PECTE	D BY:	Joyg	o Hal	hn		1 10	ACC I	Alewe	1+		0/16	_
gnature of Author			.//	ria			Typer	Name an	d Title		Date		_
Len	111	X	te	1		-				ram Co	andiantes //	10 11	
. APPROVAL.	Housing	approv	ed for	OCCI	pancy by	worker	s recruited		, 5		ordinator 6-	10-16	-
nature of Author	ized Offi	icial /	/					Name and	l Title		Date		\dashv
/lon	cel	Xa	/				Jo	yce Hah	n, Progi	ram Co	ordinator /	5-110	
1	el										1070	10	

Form Annroyad

											Bu	dget Bureau No.	44-R135
U.S. Departm U.S. TRAIN	nent of	Labor, I	Emplo	yment	and Tra	ining .	Administrati	on			NAME AND ADDRESS		
1											crete, Inc.		
- LIVIII-E	JIER				on Reve		ID FACILI	TIES	Alde	n, IA 50	ty Hwy D-20 006		
2. HOUSING	LOCAT					, 50)				NG DESC			
605 E. Fi	ields	Blvd.									e Home		
El Dorad	o Spi	rings, I	ON	6474	4				1000	INDOIN DI	e nome		
									1				
4. SLEEP ROO (No. & Measu	MS				гу Туре			b. Fa	I mily Type		Ec uce	OWN	
Length	110)	14'10		2	3	4	1	2	3	4	5. CAPACITY		
	\dashv		-	-	16'2						(Adults)		
Width		11'3	11	1'3	11'3						6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes	No
Ceiling Heigh	nt	8	8	3	8						Water	×	
Square Feet		160	13	55	183						Electricity		一
No. of Rooms	3						+		+				믐
No. of Beds,	le 1										Site		ᆜ
Single No. of Beds o	Beds or										Screening	\boxtimes	
Bunks, Double	uble 2 2 1										Heating	\boxtimes	
7. FACILITIES (ITIES (Number of each)												
2	Privy			Urinal	S		Lav. or Was	shbasins	Showerhe	ads			
									2				
Bathtubs	Mova	ble Bath	tubs	Laund	ry mach	ines	Fixed laund	ry tubs	Movable la	aundry			
2									tubs				
Cook Stoves	Refrig	erators		Garba	ge conta	iners	First-aid Kits	3	Fire Exting	uishers			1
1	1			1			1		(No. & type	9)			1
. COMMENTS	<u></u>								2 Kido	lie			
Smoke/Car	rhan I	Monov	ido	Doto	ntoro								
omonor oar	DOIT	IVIOIIOX	iue	Detet	CIOIS								
New quality	/ buill	t const	ruct	ion									- 1
EMPLOYER'S				und the	housin	- rooul	ntinna of the						
and modeling deat	CHINCO I	naiani r	\sim m	eers i	1 0088	nnt me	at such stand	darde i h	prohy autho	FITO FAREA	. Training and Employment sentatives of the State Emp	Service, and the source of the service of the servi	hat
office and/or Em	PIONILIE	ent and T	rainin	g Admi	inistratio	n regio	nal office to	inspect th	e above ho	using at a	ny reasonable time.		
John Solgitation	10	/	2		_		100	Name an	11			Date	
LICE WOULD WAR	re	ici	ec		M		Ma	rcia	Nick-e	rson	Ada Asst	3-4-16	
HOUSING INS			Joyc	e Hahn			T=					,	
J. Audilon		SA	1				1	Name and		om Co		Date	.
APPROVAL: H	Ca	1100	nd 4-			•			iii, Progr	am Co	ordinator	3-4-16	
nature of Authori			to tor	occupa	ancy by	worker	s recruited in	terstate. Vame and	Title			Pata	_
Charles	×	1.1.								am Cor	ordinator	Date	
- joyce	1	191	Wangang server 1	profes			009	JO Hall	, i rogi	um 000	n dinatoi	2-4-16	

II C D									Budge	Approved et Bureau No. 44-F
U.S. TRAIN	tment of Labor, NING AND EM	IPLOY	MENT SERV	'ICE			Alew	elt Con	NAME AND ADDRESS	3.000 110. 111
EMPL	OYER FUR!		D HOUSIN		D FACILIT	ΓIES	1835	8 Cour n, IA 5	nty Hwy D-20	
2. HOUSING	LOCATION						3. HOUSI	NG DESC	PRIDTION	
	Street Lot , MO 6442						1		pile Home	
4. SLEEP RO			ormitory Type)		b. Fa	mily Type			
(No. & Meas		2		4	1	2	3	4	ES USE C	ONLY
Length Width	13'6	13'							5. CAPACITY (Adults) 12	
Ceiling Heig	11'6 ght 8	11'		-		-			6. REGULATIONS COMPL ("x" proper box)	IANCE Yes N
Square Fee		8	8						Water	
		-							Electricity	\boxtimes
No. of Room No. of Beds,		-							Site	
Single No. of Beds	or o	-							Screening	
Bunks, Doub	(Number of ear	2	2						Heating	
lush Toilets	Privy		Urinals		Lav. or Was	- h h :	To:			
2			oiaio		Lav. or vvas	snbasins	Showerhe 2	ads		
Bathtubs	Movable Bat	htubs	Laundry mac	hines	Fixed laund	n, tubo	100000			
			- and a second		i ixed lauliu	ry tubs	Movable la tubs	lundry		
ook Stoves	Refrigerators		Garbage cont	ainers	First-aid Kits		Fire Exting	uiohora		
1	1		1		1		(No. & type)		
COMMENTS							2 Kido	lie		
	arbon Mono			4						
office and/or E	IFY THAT I have escribed herein mployment and	e review	ved the housinets does	ng regula s not me on regio	ations of the et such stand	U.S. Dep dards. I h	artment of L ereby autho	abor, U.S	S. Training and Employment Sesentatives of the State Emplo	Service, and that
mployer's Signa M Uk	e Riti	0			Typed	Name an		site	12 10:01 - 01	ate
	ISPECTED BY:								THE PETERS	
nature of Autho	orized Official	/40	,		Typed	Name an	d Title	Stat	e Monitor Da	ate
APPROVAL	A / / Le	ne	sh		Deb	ra N	linish	J 1.0	Avocate /	-7-16
nature of Autho	Housing approprized Official	ved for	occupancy by	/ worker			1 3000			
20/210			1		Typed	Name and	d Title △	Sta	ite Monitor Da	te
- twia	- II KA	UQI	n.		100	box: 1	Hinish		Advisenta	-7-11

									Budget Br	ureau No. 44	1-R135
U.S. Departmen					dministration	n			AME AND ADDRESS		
U.S. TRAININ									crete, Inc.		
EMPLOY			D HOUSING uctions on Rever		FACILIT	TES		, IA 50	ty Hwy D-20 1006		
2. HOUSING LO	CATION						3. HOUSIN	NG DESC	RIPTION		
1110 6 th S Bethany, M							16 X 8	80 Mob	ile Home		
4. SLEEP ROOM	1S	a D	ormitory Type			b Fan	nily Type		T		
(No. & Measure		2		4	1	2	3	4	ES USE ONI	LY	
Length	13'6	13'	6 13'6						5. CAPACITY 12		
Width	11'6	11'	6 11'6						6. REGULATIONS COMPLIAN ("x" proper box)	NCE Yes	No
Ceiling Height	8	8	8						Water		
Square Feet									Electricity		
No. of Rooms									Site	\square	
No. of Beds, Single	Single No. of Beds or								Screening		
No. of Beds or Bunks, Double	Bunks, Double 2 2 2								Heating	\boxtimes	
7. FACILITIES (I	Bunks, Double 2 2 2 2 ACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads]		
2							2				
Bathtubs	Movable Bat	thtubs	Laundry mac	nines	Fixed laund	dry tubs	Movable I	laundry	1		
							tubs				
Cook Stoves	Refrigerators	S	Garbage cont	ainers	First-aid Kit	ts	Fire Extin	guishers			
1	1		1		1		(No. & typ				
8. COMMENTS			-				2110	uio			
Smoke/Car	rbon Mond	oxide	Detectors-	4							
New quality	v built con	struc	tion								
rion quant	y Dunt Con	ou do									
9. EMPLOYER'S											
I CERTIF	FY THAT I have cribed berein	ve revie	ewed the hous	ng regu	ulations of the	e U.S. De	partment o	f Labor, U	.S. Training and Employment Se resentatives of the State Employ	rvice, and	that
office and/or En	nployment an	d Train	ing Administra	tion reg	ional office to	o inspect t	he above h	nousing at	t any reasonable time.	ment Serv	ice
Employer's Signat	ure				0.000	d Name a			SITE Dat	te	
Tilbe	lite	es			m	ILLE	PETE	ERS	SUPENISOR 1	17119	P
10. HOUSING IN											
Signature of Autho	orized Official)`	- 1		Туре	d Name a	nd Title	Sto	ite Monitor Dal	te	
1 10 140	e ///	en	2h		100	obra (Minist	\	Havocate 1	-7-1	13
11. APPROVAL:		roved f	or occupancy l	by work							
Signature of Autho		7	1			d Name a		5+	cate Monitor Dat	e	
1 1012	0/ //	len	100h		11 70	bra (Minie	h	Alvacato	-7-1	6

U.S. Departme U.S. TRAININ	nt of Labor, E	Employ	ment and	Training A	dministratio	n			AME AND ADDRESS	eau NO. 4	4-K135
	YER FURN				D EACH IT	TIEC			crete, Inc. ty Hwy D-20		
LIVII LO			ections on		DFACILII	IES		i, IA 50			
2. HOUSING LO	CATION						3. HOUSII	NG DESC	RIPTION		
1110 6 th S Bethany, I							16 X	80 M ob	ile Home		
4. SLEEP ROOM (No. & Measure			ormitory 7		1		nily Type		ES USE ONL		
Length	13'6	13'			1	2	3	4	5. CAPACITY 12		
Width	11'6	11'				-			(Adults) 12 6. REGULATIONS COMPLIANCE	Œ	
Ceiling Height		8							("x" proper box) Water	Yes	No
Square Feet		 									ᆜ
No. of Rooms									Electricity		屵
No. of Beds,	No. of Beds, Single								Site		<u> </u>
Single No. of Beds or	Single No. of Beds or								Screening		ᆜ
Bunks, Double									Heating		
Flush Toilets	Privy	en)	Urinals		Lav. or Wa	- la la - a - la - a	01 1				
2	livy		Ulliais		Lav. or vva	snbasins	Showerhe	eads			
							2				
Bathtubs	Movable Bat	htubs	Laundry	machines	Fixed laund	dry tubs	Movable I tubs	aundry			
Cook Stoves	Refrigerators	,	Garbage	containers	First-aid Kit	ts	Fire Extin	guishers			
1	1		1		1		(No. & typ	e)			
8. COMMENTS						-	21110	410			
Smoke/Car	bon Mond	xide	Detect	ors4							
New quality	built cons	struct	ion								
9. EMPLOYER'S											
I CERTIF the housing des	Y THAT I hav	e revie	wed the h	ousing reg	ulations of the	e U.S. Dep	partment of	Labor, U.	S. Training and Employment Servesentatives of the State Employm	ice, and	that
Office affu/of Eff	ipioyment and	Traini	ng Admin	stration reg	ional office to	o inspect t	he above h	ousing at	any reasonable time.	ent Serv	ice
Employer's Signati	1		2			d Name a	1000000 GO-00000 800		= PETERS Date	1_1	1
MINE	1300	R	7		M	arc Ale	welt, Pro	esiden t	SITE SUPER 1	171,	16
10. HOUSING INS		:			- 1-						
Signature of Author	rized Official		. 1.		Турес	d Name a	nd Title	sta	te Monitor Date		
11. APPROVAL:	Housing appr	oved for	or occupa	icy by work	ers recruited	interestata	Hinish	1	Advocate /-	7-1	6
Signature of Author			Ообира	.c, b, work		Name ar		<i>(</i> -1	Date		_
Dolum	M.	0110	h			-	00.	V C	are monitor	7	,,
The Wall	1116	Mo			1776	bra	Illinis	,n	Advocate /	-/-/	16

										Budg	get Bureau No. 44	-R1358
U.S. Departmen						lministration	ı			AME AND ADDRESS		
U.S. TRAININ	G AND	EMPLOY	ME	NT SERVIO	Œ					crete, Inc.		
EMPLOY	ER FL			HOUSING ons on Revers		FACILIT	IES		3 Count 1, IA 50	ty Hwy D-20 1006		
2. HOUSING LC	CATION	1				- "		3. HOUSIN	NG DESC	RIPTION		
5118 Fara St. Joseph		eet Lot	#55	5				16 X	80 M ob	ile Home		
ot. oosepi	i, ivi											
4. SLEEP ROOM	1S	а.	Dom	nitory Type	2300		b. Fan	nily Type		Γ		
(No. & Measure	e)	1	2	3	4	1	2	3	4	ES USE	ONLY	
Length	1	3'6 1	3'6	13'6						5. CAPACITY 12 (Adults)		
Width	1	1'6 1	1'6	11'6						6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes	No
Ceiling Height		8	8	8	23.3-77					Water	\boxtimes	
Square Feet										Electricity	\boxtimes	
No. of Rooms										Site	\boxtimes	
No. of Beds, Single	Single No. of Beds or									Screening	\boxtimes	
No. of Beds or Bunks, Double	No. of Beds or 2 2 2									Heating	\boxtimes	
7. FACILITIES (N	Bunks, Double 2 2 2 2 . FACILITIES (Number of each)											
Flush Toilets	Privy		U	rinals		Lav. or Was	shbasins	Showerhe	eads	1		
2								2				
Bathtubs	Movabl	e Bathtubs	s La	aundry mach	ines	Fixed laund	Iry tubs	Movable	laundry			
								tubs				
Cook Stoves	Refrige	rators	G	arbage cont	ainers	First-aid Kit	s	Fire Extin	auishers	*,		
1	1			1		1	-	(No. & typ	oe)			
8. COMMENTS	L			-				2 Kid	idle			
	chan N	امنيدمسا	- D	-44								
Smoke/Car	DON IV	ionoxia	e D	etectors-	4							
New quality	/ built	constru	ctio	n								
9. EMPLOYER'S												
the housing des	Cribed h	l have revierein	mee	ed the housi ets	ng regu s not m	lations of the	e U.S. De ndards. I	partment o hereby aut	f Labor, U horize rep	.S. Training and Employmer resentatives of the State Em	nt Service, and	that
office and/or En	nployme	nt and Tra	ining	Administrat	ion reg	ional office to	inspect	the above l	housing at	any reasonable time.	ipiojiiioni ooi i	
Employer's Signat	ure	Reta		2			d Name a		ERS	SUPERISOR	Date / /	6
10. HOUSING INS	SPECTE	D BY:								3 41 0 130 12		_
Signature of Autho	rized Of	ficial				Туре	d Name a	nd Title	CJ.	te Monitor	Date	
1 de beca	c [Min	العا	h		De	DEG A	Ainist		Advocate	1-7-11.	
11. APPROVAL:	Housing	approved	for	occupancy b	y work	ers recruited	interstate		->	1.00000	110	\neg
Signature of Autho	rized Of	ficial				Турес	d Name a	nd Title	Stat	e Monitor	Date	
Debin	1	Hem	a	h		Do	brai	Minist	(Advocate	1-7-10	6

	0 2000 NO									Bud	in Approved Iget Bureau No. 44-R13
U.S. Departme U.S. TRAININ	ent of Labo	r, Emplo	yment	and Tra	ining A	dministratio	n	1		NAME AND ADDRESS	115
								Alew	elt Con	crete, Inc.	
EMPLO	TEK FUI			OUSIN s on Revei		D FACILIT	IES	Alder	8 Coun ո, IA <i>5</i> (ty Hwy D-20 0006	
2. HOUSING L	OCATION							3. HOUSI	NG DESC	RIPTION	
605 East Hamilton,		t. #4								ile Home	
4. SLEEP ROOM	MS	2 [Cormite	огу Туре							
(No. & Measur	re) 1		2	3	4	1	D. Fa	mily Type	4	ES USE	ONLY
Length	14'1	0 11	1.9	16.2					<u> </u>	5. CAPACITY	1
Width	11.0	3 11	1.3	11.3						(Adults) 6. REGULATIONS COMF ("x" proper box)	
Ceiling Height	8	8	3	8						Water	Yes No
Square Feet										Electricity	
No. of Rooms										Site	
No. of Beds, Single	ingle									Screening	
No. of Beds or Bunks) Double	o. of Beds or inks) Double 2 2 /									Heating	
7. FACILITIES (I	CILITIES (Number of each)									- Footing	
Flush Toilets	Privy		Urina	als		Lav. or Was	shbasins	Showerhe	ads		
2								2			
Bathtubs	Movable E	Bathtubs	Laun	dry mach	nines	Fixed laund	rv tubs	Movable I	aundry		
							,	tubs	adilaly		
Cook Stoves	Refrigerate	ors	Garb	age cont	ainers	First-aid Kits	S	Fire Exting	uishers		
1	1		1			1		(No. & typ	e)		
B. COMMENTS								2 Kid	ule		
Smoke/Car	bon Mor	noxide	Dete	ectors-	4						
		ioxido	Dott	201013	7						
New quality	, built co	notruo	tion								
riciv quality	built co	nstruc	lion								
. EMPLOYER'S	CERTIFICA	TION									
I CERTIF	YTHATIN	ave revie	ewed th	h <u>e h</u> ousir	ng regu	lations of the	U.S. Dep	artment of	Labor U.S	S. Training and Employment	t Sandan and that
										 I raining and Employment esentatives of the State Emplany reasonable time. 	ployment Service
mployer's Signatu	, ,	A (7	Timistrati	on regi	onal onice to	Name ar	ie above ni	ousing at a	any reasonable time.	Date
Mindel	wil.	611	at	the)			HAG	= (GI Peters	i-7-16
D. HOUSING INS								5	ite	Supervisor	
gnature of Author	rized Officia	Ι			1,000	Typed	Name an	d Title	Sta		Date
Do bra	C IV	lem	sh			Deb	orce A	Minish		Advocate	1-7-11
. APPROVAL: I	Housing ap	proved fo	or occu	pancy by	worke	rs recruited in	nterstate.	41.1.18	`		1 16
gnature of Author	ized Officia	I	1			Typed	Name an	d Title	Sto	ete Moniton	Date
1 20 660		ens	1			Do	DE 0 1	Minie	h	Advacate	1:-7 11

										But	dget Bureau No. 4	4-R13
U.S. Departme	ent of Lab	or, Empl	oym	ent and Training	Adı	ministration	1			IAME AND ADDRESS	300 000 110. 1	11110
				HOUSING A	ND	E4011 IT		Alewe	elt Con	crete, Inc. ty Hwy D-20		
	ILKIC			ions on Reverse)	טא	FACILII	IES	Alden	, IA 50	0006		
2. HOUSING LO	OCATION			rons on reverse)				3. HOUSIN				
309 Hyatt										ile Home		
Brookfield								10 %	SO MICE	me nome		
4. SLEEP ROOM		а.	Don	mitory Type		T	b. Far	mily Type				
(No. & Measur		1	2	3	4	1	2	3	4	ES USE	ONLY	
Length	14	110	11'9	16'2						5. CAPACITY (Adults)	1	
Width	11	1.3 1	1'.3	11'.3						6. REGULATIONS COM ("x" proper box)	PLIANCE Yes	No
Ceiling Height	: 8	В	8	8						Water		
Square Feet	16	50 1	35	183						Electricity		一
No. of Rooms										Site		一
No. of Beds, Single				i						Screening		
	No. of Beds or Bunks, Double 2 2 /									Heating		금
	FACILITIES (Number of each)									ricating		
Flush Toilets	Privy		U	Irinals	ı	av. or Was	hbasins	Showerhe	ads			
2								2				
Bathtubs	Movable	Bathtub	s La	aundry machines	-	ixed laundi	ny tube	Movable la				
2				and y madrimed		ixed lauridi	y tubs	tubs	aunary			
Cook Stoves	Refrigera	ators	G	arbage containe	s F	irst-aid Kits	i	Fire Exting	uishers			
1	1			1		1		(No. & type				
8. COMMENTS								2 Mac				
Smoke/Car	bon Mo	onoxid	e D	etectors4								
New quality	, built c	onetru	ctio	n								
rion quality	, built c	onsuu	CliO	11								
9. EMPLOYER'S	CEDTIEIC	CATION										
I CERTIF	Y THAT I	have rev	iewe	ed the housing re	gula	tions of the	U.S. Der	partment of	Labor, U.	S. Training and Employme	nt Service, and f	that
the housing des	clined lie	ieiii 🖂	mee	is I I does not	mee	t such stan	dards It	erehy auth	oriza ranc	acontativas of the State En	nployment Servi	ice
Employer's Signatu	иге	and ITal	illig	Administration re	gior	Typed	Name ar	ne above no	ousing at	any reasonable time.	Date	
(lene)					ever a nesses	~	D					
10/ HOUSING INS	PECTED	BY:				J	ceny	1 17!	11	Plant operator	1-15-16	-
Signature of Author	rized Offic	cial				Typed	Name ar	nd Title			Date	\dashv
Delug	1	Lu	10	1					te Mor	itor Advocate	1-15-1	,
			for o	occupancy by wo	rkers						1 10-16	2
Signature of Author							Name an	d Title			Date	\dashv
1 20/21/	De Cara Merush							nish, Sta	ite Mon	itor Advocate	1-100	2

											Bu	idget Bureau No. 4	4-R135
U.S. Departme	ent of La	abor, E	mploy	ment	and Trai	ning A	dministratio	n	1. EMPL	OYER'S N	AME AND ADDRESS		
U.S. TRAININ											crete, Inc.		
EMPLO	YER F				OUSING on Rever		FACILIT	TES		8 Count n, IA 50	ty Hwy D-20 1006		
2. HOUSING LO	OCATIO								3. HOUSII	NG DESC	RIPTION		
777 E. Ye	rbv Si	t Lo	t 86								ile Home		
Marshall,		,							10 X	OO WOD	ne nome		
4. SLEEP ROOM (No. & Measur		1	a. D	ormito	Type 3	4	1	b. Far	nily Type		ES USE	ONLY	
Length		14'10	11'	9	16'2		- '-		3	4	5. CAPACITY	9	
Width		11'.3	11'.	3	11'.3						6. REGULATIONS CON ("x" proper box)		N-
Ceiling Height		8	8		8						(x proper box) Water	Yes 🖂	No
Square Feet		160	138	5	183						Electricity		一
No. of Rooms											Site		一
No. of Beds, Single	Single / No. of Beds or										Screening		
	Bunks, Double										Heating	\boxtimes	П
7. FACILITIES (I	FACILITIES (Number of each)								<u> </u>				
Flush Toilets	Privy			Urina	als		Lav. or Wa	shbasins	Showerhe	eads			
2									2				
Bathtubs	Movab	le Bath	ntubs	Laun	dry macl	nines	Fixed laund	dry tubs	Movable I	aundry			
2									tubs				
Cook Stoves	Refrige	erators		Garb	age cont	ainers	First-aid Kit	ts	Fire Extin				
1	1			1			1		(No. & typ				
8. COMMENTS							1		27410	uic	-		
Smoke/Car	rbon N	/lono	xide	Dete	ectors-	4							
						500 * 0							
New quality	, built	cons	truct	ion									
rece quality	y Dulit	CONS	struct	1011									
9. EMPLOYER'S	CEDTIE	IOAT!	ON.										
I CERTIF	Y THA	TIhave	e revie	wed t	he housi	ng regui	lations of the	e U.S. Der	partment of	Labor U	S. Training and Employme	ent Service, and	that
the nousing des	scribed h	nerein	\bowtie m	eets	doe:	s not me	et such sta	ndards. I i	nereby auth	norize repr	esentatives of the State F	mployment Serv	ice
mployer's Signat	ure	ill allu	Halli	ng Au	ministrat	ion regi		d Name a		lousing at	any reasonable time.	Date	
	1 1	(0/	7					,		, Di	10 (.
O. HOUSING INS	SPECTE	D BY:					1000	eny	17 111	11 11/	ent Operator	1-15-11	4
Signature of Autho	rized Of	fficial					Турес	d Name a	nd Title		-	Date	\dashv
Doline	1	7)	100	1.	h					ate Mor	nitor Advocate	1-15-	11
1. APPROVAL:	Housing	g appro	oved fo	r occi	upancy b	y worke						1 /)	16
					<u>-</u>			Name ar				Date	\neg
Delma	APPROVAL: Housing approved for occupancy by worker ature of Authorized Official							ebra Mi	nish, Sta	ate Mor	nitor Advocate	1-15-	16.

	OOMS									Bi	orm Approved udget Bureau No. 44-R
U.S. Departme	nt of Lab	or, Emplo	yment a	nd Trair	ning A	dministratio	n	1. EMPL	OYER'S N	IAME AND ADDRESS	sagat Barcaa No. 44-N
										crete, Inc.	
EMPLO	YER FL	JRNISHI	ED HO	USING	AND	FACILIT	TES			ty Hwy D-20	
			ructions (on Revers	re)			Alder	n, IA 50	0006	
2. HOUSING LO	CATION	I						3. HOUSI	NG DESC	RIPTION	
430 Paul I								16 X	80 Moh	ile Home	
Wayland,	MO 63	472						.07	00 11100	ine i lonie	
4. SLEEP ROOM	//S	a. I	Dormitor	у Туре		T	b. Fai	nily Type		T	
(No. & Measure	e)	1 :	2	3	4	1	2	3	4	ES USE	ONLY
Length	1;	3'6 13	3'6	13'6						5. CAPACITY (Adults)	D
Width	11	1'6 11	1'6	11'6						6. REGULATIONS CON	
Ceiling Height						+	 	+		("x" proper box)	Yes N
			,	•						Water	\boxtimes [
Square Feet	15	58 15	58	158						Electricity	
No. of Rooms										Site	
No. of Beds,	No. of Beds, Single										
No. of Beds or	Single No. of Beds or									Screening	
Bunks, Double	Bunks, Double									Heating	\boxtimes [
7. FACILITIES (A	FACILITIES (Number of each)							-			
Flush Toilets	Privy		Urinals	S		Lav. or Was	shbasins	Showerhe	eads		
2								2			
Bathtubs	Movable	Rathtube	Lound	n, manhi		F:					
	wovable	Datiitubs	Lauriu	ry macm	nes	Fixed laund	ry tubs	Movable I	aundry		
								1.20			
Cook Stoves	Refrigera	ators	Garba	ge conta	iners	First-aid Kits	s	Fire Exting	guishers		
1	1		1			1		(No. & typ			
3. COMMENTS								2 Kid	die		
Smoke/Car	bon Mo	onoxide	Detec	ctors	-4						
New quality	built c	onetruc	tion								
. Tott quality	Duit C	onstruc	tion								
. EMPLOYER'S (CERTIFIC	CATION:									
I CERTIF	Y THAT I	have revie	ewed the	housing	g regula	ations of the	U.S. Dep	artment of	Labor, U.	S. Training and Employme	ent Service, and that
the housing acst	CIDEU HE		neers i	Luces	not me	et such star	idarde i h	prohy auth	OFITO FORE	 Training and Employments esentatives of the State Eleany reasonable time. 	mployment Service
mployer's Signatu	ire					Typed	Name ar	nd Title	ousing at	Airy reasonable time.	Date
(lesan)	11.	00				1.7		11	11	Plant	
D. HOUSING INS	PECTED	BV:				100	remy	DH	(1)	Operator	1-15-16
gnature of Author						Tuned	Nome	al Title			
).1.	1		1.			1	Name ar		oto Ma	itor Advat-	Date
APPROVAL	11	in	WI					iisii, Sta	are Mon	itor Advocate	11-15-16
APPROVAL: I gnature of Author			or occup	ancy by	worker	s recruited i					, ,
Suarrie of Withou		1)				Name an				Date
Delia	Debia Mariah						bra Mii	nish, Sta	ite Mon	itor Advocate	1-15-16

IIS Deporte	ont of Lab	Г.					Ta FMB	01/==:=	Rudget	Bureau No. 4	4-R1358
U.S. TRAINI	nent of Labor, NG AND EM OYER FURN	PLOY	MENT SEI	RVICE			Alew	elt Con	NAME AND ADDRESS INCRETE, Inc. Increte, Inc. Increte Hwy D-20		
	(S		ructions on R		ID I ACIL	.11123	Alde	n, IA 5	0006		
2. HOUSING L	OCATION						3. HOUS	ING DESC	CRIPTION		
1028 Sin Moberly,	nock Ave. MO 65270	Lot #	44				1		pile Home		
4. SLEEP ROO	MS	a. [Dormitory Ty	pe		h E	mily Type				
(No. & Measu	re) 1		2 3	4	1	2	3	4	ES USE ON	ILY	
Length	13'6	13	3'6 13'6	5					5. CAPACITY (Adults) //		
Width	11'6	11							6. REGULATIONS COMPLIA ("x" proper box)	NCE Yes	No
Ceiling Heigh	t 8	8	8						Water	\boxtimes	П
No. of Rooms	158	15	8 158						Electricity	\boxtimes	
No. of Beds,	-	-		_					Site	\boxtimes	
Single No. of Beds o	r	_		_					Screening	\boxtimes	
	ACILITIES (Number of each)								Heating	\boxtimes	
Flush Toilets	Privy	ch)	Urinals		1.						
2	l livy		Orinais		Lav. or W	Vashbasins	Showerho 2	eads			
Bathtubs	Movable Bat	htubs	Laundry m	achines	Fixed lau	ndry tubs	Movable I	aundry			
2							tubs				
Cook Stoves	Refrigerators		Garbage co	ontainers	First-aid k	Kits	Fire Extin	nuishare			- 1
1	1		1		1	····O	(No. & typ	e)			
8. COMMENTS							214.0	410			\dashv
Smoke/Car				s4							
9. EMPLOYER'S I CERTIF the housing des office and/or Em	Y THAT I have cribed herein	revie	wed the hou	ising regulation regul	lations of the	he U.S. Department to inspect t	partment of	Labor, U.S	S. Training and Employment Se esentatives of the State Employ any reasonable time.	rvice, and the	nat e
mployer's Signatu	ure			-3	Туре	ed Name a	nd Title	ousing at a	Dat	-	-
Yeren -	D Will	0			JE	- CPM (D	11.7	, IAA!	-15-16	
0./HOUSING INS		(1	1		TI.	CATALOT 1	13-14	
ignature of Author	rized Official	. Al 4			1	ed Name ar		ite Mon	itor Advocate Date	е ,	
1. APPROVAL:	Housing appro	ved fo	r occupancy	by works				TO WIOTI	TO AUVOCALE	15-16	5
ignature of Author	ized Official	-		3) WOING		d Name an	d Title		15.4		_
Deluc	K []	411	nah		0			te Mon	itor Advocate	: -15"-/;	2
										///	

									Bı	udget Bureau No. 4	4-R135
U.S. Departme U.S. TRAININ	ent of Labor, NG AND EM	Employ PLOY	yment and Tra MENT SERV	aining A ICE	dministratio	n			AME AND ADDRESS crete, Inc.		
EMPLO			ED HOUSIN		FACILIT	TES	1835		ty Hwy D-20		
2. HOUSING LO							3. HOUSI	NG DESC	RIPTION		
Stone Mo	bile Home	e Parl	<						ile Home		
533 W. St	ummer St	. #13					10 X	GO IVIOD	ile i loitile		
Monroe C	ity, MO 6	3456					ID# 3	153			
4. SLEEP ROOM		a. C	Dormitory Type)		b. Far	nily Type		T ==		
(No. & Measur		2		4	1	2	3	4		E ONLY	
Length	13'6"	13	'6" 13'6"						5. CAPACITY (Adults)	ſ	
Width	11"6	11	'6 11'6						6. REGULATIONS COM ("x" proper box)	MPLIANCE Yes	No
Ceiling Height	8	8	8						Water	\boxtimes	
Square Feet	158	15	158						Electricity	\square	一
No. of Rooms									Site		一
No. of Beds, Single									Screening		\exists
No. of Beds or Bunks, Double	1 1	1)							Heating		믐
7. FACILITIES (1	ach)							rioding		
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
2	-					on buomo	2	Jaus			
Bathtubs	Movable Ba	thtube	Laundry mad	phinos	Fixed laund	4 Ab					
2	linerable be	imubs	Lauridiy ma	Jillie3	rixed laurio	iry tubs	Movable I tubs	aundry			
Cook Stoves	Refrigerator	rs	Garbage cor	ntainers	First-aid Kit	s	Fire Exting	guishers			
1	1		1		1		(No. & typ				
8. COMMENTS							Z Kidi				
Smoke and	d Carbon	Mono	xide Dete	ctors	4						
City trash p	oickup 2x	a wee	ek								
Local laund	dry mat										
			4:								
New quality	built con	ISTruc	tion								
B. EMPLOYER'S	CERTIFICAT	TION:									
I CERTII	Y THAT I ha	ve revi	ewed the hous	sing regu	lations of the	U.S. De	partment of	Labor, U.	S. Training and Employm resentatives of the State E	ent Service, and	that
office and/or Er	nployment ar	nd Train	ing Administra	ation regi	onal office to	inspect t	he above h	norize repr nousing at	esentatives of the State E any reasonable time.	mployment Servi	ice
Employer's Signat	ure	2				d Name a			Plant	Date	
Gren]	S HI	4			JE	remi		lill	a perg tor	1-15-1	16
d. Housing in	SPECTED BY	Y:)			9		$\overline{}$
Signature of Author	rized Official	7			Турес	Name a	nd Title			Date	
1 John		in	wh		De	ebra Mi	nish, Sta	ate Mor	nitor Advocate	1-15-1	6
1. APPROVAL:			or occupancy	by worke	ers recruited	interstate					
Signature of Autho	rized Official	,				Name a		122 (122-222)		Date	\neg
De Mr	$_{\rm R}$ IY	lin	iah		De	ebra Mi	nish, Sta	ate Mor	nitor Advocate	1-15-	16

HC D											Budget Bureau No. 44-
U.S. Departr U.S. TRAIN	nent of Labo	r, Empl	oyme	ent and Tr	aining A	Administrat	tion			NAME AND ADDRESS	Douget Buleau NO. 44-
The second secon	OYER FUE							Alew	elt Cor	crete, Inc.	
	O I EIX I OI			ons on Reve		ID FACIL	ITIES	Alder	n, IA 5	nty Hwy D-20	
2. HOUSING	LOCATION							3. HOUSI			
5046 Re	d Maple L	.ane						1			
Fulton, M	/IO 65251							10 X	SO MOI	oile Home	
4. SLEEP ROC	OMS	а.	Dom	nitory Type			.				
(No. & Meast			2	3	4	1	2	mily Type	4	ES U	SE ONLY
Length	13'6	1	3'6	13'6						5. CAPACITY (Adults) /	/
Width	11'6	1	1'6	11'6						6. REGULATIONS CO	OMPLIANCE
Ceiling Heigh	ht 8		8	8			-	 		("x" proper box)	Yes
Square Feet	158	1	58	158		+	-			Water	
No. of Rooms	s	+					+			Electricity	🛛
No. of Beds,		+-					-			Site	\boxtimes [
No. of Beds o	Single No. of Beds or Bunks, Double									Screening	
										Heating	X [
Flush Toilets	Privy	ach)	Liei	nals		1.		_			
2	,		J Oil	nais		Lav. or Wa	ashbasins	Showerhe	ads		
Bathtubs	ļ.,		_					2			
Datitlubs	Movable Ba	athtubs	Lau	indry mach	nines	Fixed laun	dry tubs	Movable la	undry		
								tubs			
Cook Stoves	Refrigerato	rs	Gar	bage cont	ainers	First-aid Ki	its	Fire Exting	uishers		
1	1		1			1		(No. & type			
8. COMMENTS								2 Klub	ile		
Smoke/Ca	rbon Mon	oxide	Det	tectors-	4						
New quality	y built con	struc	tion								
9. EMPLOYER'S	CERTIFICAT	ION:			-						
I CERTIF	Y THAT I ha	ve revie	wed	the housin	g regul	ations of the	U.S. Dep	artment of L	abor, U.S	. Training and Employm	nent Service, and that
office and/or Em	iployment an	d Traini	ng Ac	does [] dministratio	not me on regio	et such star onal office to	ndards. I h	ereby autho	rize repre	 Training and Employm sentatives of the State I ny reasonable time. 	Employment Service
mployer's Signatu	ure					Турес	Name an	d Title	using at a	Dia al	Date
Yeren I	S Wil	0				Jon	enic	1111	1	anam L	1-15-16
0. HOUSING INS		:					· · · · · · ·	0 011	1	Operator	1 13 -16
ignature of Author	rized Official		,			Турес	Name and	d Title			Date
1 Je les a	114	WD	1			De	ebra Min	ish, Stat	e Moni	tor Advocate	1-15-11
1. APPROVAL: I	Housing appr	oved fo	r occi	upancy by	worker	s recruited i	interstate.				1/ /) -/6
ignature of Author	ized Official		1			1.808	Name and				Date
7)5/MCG	1111	M	21			De	bra Min	ish, State	e Monit	or Advocate	1-15-11

											Budge	et Bureau No. 4	14-R13
U.S. Departme	ent of	Labor, E	mploy	yment a	nd Trainin	g Adı	ministratio	n	1		IAME AND ADDRESS		
1							FACILIT				crete, Inc.		
LIVITEO	ILK				on Reverse)	ND	FACILIT	IES	Alden,	IA 50	ty Hwy D-20 0006		
2. HOUSING L	OCAT				m Reverse)				3. HOUSIN				
777 E. Ye	erby s	St Lot	86										
Marshall,	MÓ	o, 2 0.							10 % 0	O IVIOD	ile Home		
4. SLEEP ROOM				ormitor	у Туре			b. Fai	mily Type				
(No. & Measur	re)	1	2		3	4	1	2	3	4	ES USE (ONLY	
Length		14'10	11	9	16'2						5. CAPACITY 9		
Width		11'.3	11'	.3	11'.3						6. REGULATIONS COMPL ("x" proper box)	JANCE Yes	No
Ceiling Height	t	8	8		8						Water	N	
Square Feet		160	13	5	183						Electricity		\vdash
No. of Rooms											Site		_
No. of Beds,	Single 1 1 1												
No. of Beds or	No. of Beds or Bunks, Double 1 1 1							-		Screening			
										Heating			
Flush Toilets	Priv		1)	Urinals		-	Lav. or Was		To: .				
2	,			Omiai	3		Lav. or vva	snbasins	Showerhea	ads			
									2				
Bathtubs	Mova	able Bath	tubs	Laund	ry machine	s f	Eixed laund	ry tubs	Movable la tubs	undry			
2									1000				
Cook Stoves	Refri	gerators		Garba	ge containe	ers F	irst-aid Kit	S	Fire Exting	uishers			
1	1			1			1		(No. & type 2 Kidd				
8. COMMENTS									2 11100				
Smoke/Car	rbon	Mono	kide	Detec	ctors4								
New quality	/ hui	lt cons	truct	tion									
rvow quality	y Dui	11 00115	uuu	11011									
9. EMPLOYER'S	CERT	TEICATIO	NI:										
I CERTIF	Y TH	AT I have	revie	wed the	e housing r	egula	tions of the	U.S. Der	partment of L	abor. U	S. Training and Employment	Conting and	414
											 I raining and Employment esentatives of the State Emp any reasonable time. 	loyment Servi	ice
Employer's Signati	1	ionic dina	٨	ng Aum	inistration	egioi	iai office to	Name a	ne above no	using at	any reasonable time.		/
Mills	0	Le	to	1			r	NIKI	- D	boo	SUPER!	Date /	1-1
10. HOUSING INS	ce Hahr	1		•	1170	J PC	1219	-2	12/14/	1/			
Signature of Autho	Official					Typed	Name ar	nd Title		Tr	Date		
Hora C	Hoyce Hal								hn, FLC	Coord		12-12/1	7
1. APPROVAL:	The state of the s										/	0177	/
Signature of Author	rized (Official	,					Name ar				Date	
Joyc	Joya Hal						Jo	yce Ha	hn, FLC	Coordi	nator	1214-1	17

										Rudge	et Bureau No. 44	4 D12E
U.S. Departme U.S. TRAININ	nt of Labor,	Employ	ment a	and Train	ning A	dministration	n			AME AND ADDRESS	t Buleau No. 44	+-K133
						FACILIT	150			crete, Inc. ty Hwy D-20		
LIVITEO				on Revers		FACILII	IES		i, IA 50			
2. HOUSING LO	CATION							3. HOUSIN	NG DESC	RIPTION		
1028 Sinn Moberly, N			44					16 X 8	80 Mob	ile Home		
4. SLEEP ROOM	1S	a. D	ormito	гу Туре			b. Far	nily Type				
(No. & Measure		2		3	4	1	2	3	4	ES USE ()NLY	
Length	13'6	13'	'6	13'6						5. CAPACITY (Adults)	98	
Width	11'6	11'	'6	11'6						6. REGULATIONS COMPL ("x" proper box)	IANCE Yes	No
Ceiling Height	8	8		8						Water		
Square Feet	158	158	8	158						Electricity	\boxtimes	
No. of Rooms										Site		一
No. of Beds, Single	Single / 1									Screening		\exists
No. of Beds or	No. of Beds or Bunks, Double 2/ 2/ 1				ii 15					Heating		一
7. FACILITIES (I	FACILITIES (Number of each)											
Flush Toilets	Privy		Urina	ls		Lav. or Wa	shbasins	Showerhe	eads			
2								2				
Bathtubs	Movable B	athtubs	Laune	dry mach	ines	Fixed launc	dry tubs	Movable I	laundry			
2				,		, mod ladile	,	tubs	lauriury			
Cook Stoves	Pofrinante		0			F						
1	Refrigerato	ors		age conta	ainers	First-aid Kit	ts	Fire Exting	guishers be)			
			1			1		2 Kid	die			
8. COMMENTS												
Smoke/Car	rbon Mor	noxide	Dete	ectors-	4							
New quality	y built co	nstruc	tion									
9. EMPLOYER'S	CERTIFICA	TION:										
office and/or En	nployment a	ın 🖂 m	neets	does	s not m	eet such sta	ndards. H	nereby auth	horize reni	.S. Training and Employment resentatives of the State Emp any reasonable time.	Service, and bloyment Servi	that ice
Employer's Signat	ure) D)			Туре	d Name a	nd Title	,		Date	
11/1/2	2 1	Tel	U			Y	MIKE	F PET	ter	2	15/15	_
10. HOUSING INS												
Signature of Autilo				d Name a			1	Date				
- Jny					hn, FLC	Coord	inator	12-12-1	7			
11. APPROVAL			or occu	upancy b	y work	ers recruited					- 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	
orginature of Autho	// Official	U				3,000	Name a		0.0-		Date	
Joya	Goyaftal						усе на	ıhn, FLC	Coord	inator	12-12-1	7

										Buc	lget Bureau No. 44	1_D13F
U.S. Departme U.S. TRAININ	ent of Labor, E	mploy	ment a	nd Traini	ng A	dministration				AME AND ADDRESS	ger bureau No. 42	4-K130
	YER FURN						-	Alewe	elt Con	crete, Inc. ty Hwy D-20		
LIVIT EO				on Reverse.		FACILITI	ES	Alden	i, IA 50	19 Hwy D-20 1006		
2. HOUSING LO								3. HOUSIN	NG DESC	RIPTION		
309 Hyatt	#1							20.000 000 000		ile Home		
Brookfield	I, MO 6462	28						10 / (do Mod	ne nome		
4. SLEEP ROOM			ormitor				b. Far	nily Type		F0.110F		
(No. & Measur Length		2		3	4	1	2	3	4	ES USE	ONLY	
	14'10	11'		16'2						(Adults)		
Width	11'.3	11'.	.3	11'.3						6. REGULATIONS COMF ("x" proper box)	PLIANCE Yes	No
Ceiling Height	8	8		8						Water		
Square Feet	160	13	5	183						Electricity		
No. of Rooms										Site		
Single	No. of Beds, Single No. of Beds or Bunks, Double 1 1 1									Screening	\boxtimes	
	Bunks, Double 2 1 1									Heating	\boxtimes	П
	FACILITIES (Number of each)											
Flush Toilets	Privy		Urinal	S		Lav. or Was	hbasins	Showerhe	eads			
2								2				
Bathtubs	Movable Bath	ntubs	Laund	ry machin	es	Fixed laundr	y tubs	Movable Ia	aundry			
2								tubs				
Cook Stoves	Refrigerators		Garba	ge contair	ners	First-aid Kits		Fire Exting	nuishers			
1	1		1			1		(No. & type	e)			
8. COMMENTS								2 Kido	die			
Smoke/Car	rbon Mono	ahiy	Dete	ctore	1							
omono, car	I DOTT WICHO	AIGE	Dete	C(O) S	+							
New quality	v huilt cons	truct	ion									
rvov quanty	y Dunt Corts	otruct	1011									
9. EMPLOYER'S	CERTIFICATION	ON:		-								
I CERTIF	Y THAT I have	e revie	wed th	e housing	regu	lations of the	U.S. Der	partment of	Labor, U.	S. Training and Employmer	nt Service, and t	that
and modeling dec	JOHN CO HEIGHT		iceto i	I does n	or m	er such stan	dards Ir	nerehy auth	Orizo rope	 Fraining and Employment esentatives of the State Emany reasonable time. 	ployment Service	ce
Employer's Signat	ure				rogi	Typed	Name ar	nd Title	ousing at		Date	
Muse titus						1	IKE	Det	1500	HOUSING SUPER	12/12	
10. HOUSING INSPECTED BY:							·(C	1 6/6	CRO	Surec		_
Signature of Authorized Official							Name ar	nd Title			Date	-
Jege Hat							hn, FLC	Coord	nator	12-12-1-	7	
11. APPROVAL	Housing appro	oved fo	or occup	oancy by v	vorke	rs recruited in	nterstate.				1-10-11	
Signature of Autho	rized Official	1					Name an				Date	\neg
Thy	Flya Hal					Joy	ce Ha	hn, FLC	Coord	nator	12.12.17	7
	- Joyce Har											

II C Donorton	CY 1						T		Buc	m Approved Iget Bureau No. 4	I4-R1358
U.S. Departm U.S. TRAINII	ent of Labor, NG AND EM	Emplo PLOY	yment and I	raining.	Administratio	n			NAME AND ADDRESS		
					ID FACILIT	rieo.	Alew	elt Con	crete, Inc.		
1			ructions on Re		ID FACILII	IIES	Alde	n, IA 50	ty Hwy D-20 006		
2. HOUSING L	OCATION								CRIPTION		
5605 E. Fie	elds Blvd.						1				
El Dorado	Springs,	MO 6	64744				1000	IIDONI U	le Home		
4. SLEEP ROOF			Dormitory Typ			b. Fa	Mily Type		T		
Length	re) 1 14'10	1		4	1	2	3	4	ES USE	ONLY	
		11	'9 16'2						5. CAPACITY (Adults)	Faxt	
Width	11'3	11	'3 11'3						6. REGULATIONS COMP		
Ceiling Height	8	8	8						("x" proper box) Water	Yes	No
Square Feet	160	13	5 183					-			닠
No. of Rooms		1		+					Electricity		Ш
No. of Beds,		-		-					Site	\boxtimes	
Single No. of Beds or		-	1						Screening	\boxtimes	П
Bunks, Double	2	2	1						Heating	$\overline{\boxtimes}$	\exists
7. FACILITIES (I		ch)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads			
2							2				
Bathtubs	Movable Bat	thtubs	Laundry ma	chines	Fixed laund	rv tubs	Movable I	aunday			
2						,, 1000	tubs	auridry			
Cook Stoves	Refrigerators		Garbaga sa	-A-1	F: 1						
1	1	·	Garbage co	ntainers	First-aid Kits	6	Fire Exting (No. & typ				
			1		1		2 Kide	,			
8. COMMENTS											
Smoke/Car	bon Mond	xide	Detectors	i							
New quality	huilt con	etruot	ion								
rion quality	Duit Cort	struct	ION								
EMPLOYER'S	CERTIFICATI	ON:									
I CERTIF	Y THAT I hav	e revie	wed the hous	ing regu	lations of the	U.S. Den	artment of	lahor II S	6. Training and Employment	_	
office and/or Em	cribed herein	M M	eets do	s not m	eet such stand	dards. I h	ereby author	orize repre	S. Training and Employment esentatives of the State Emp	Service, and the	nat
mployer's Signatu		Traillir	ig Administra	tion regi		mopcot ti	ie above iii	ousing at a	esentatives of the State Emp any reasonable time.		~
5-71	la [.]				12	Name an		_		Date	
0. HOUSING INS	PECTED BY	lovo	e Hahn		-DF1.	9100	Vasche	need	Supervisor	6-17-11	
ignature of Author		A	e riailii		Tunnel	Manage					
Low	100	14	el_			Name and		rom C-		Date	
1. APPRØVAL: / H	lousing appro	ved for	OCCUPANCY	W work -	rs recruited in	oe i idi	iii, F10g	Iaiii C0	ordinator	K17-17	
ignature of Authori	zed Official	//	Cocupancy	y worke		iterstate. Name and	d Tial-				
/tac	- 8	-1			2000			ram Cc	ordinator	Date	
1010					ооу	oc rial	iii, Piog	alli Co	ordinator	147-17	'

									В	udget Bureau No. 44-	-R135
U.S. Departme U.S. TRAININ	ent of Labor, I	Employ	yment and	Training .	Adminis	tration			NAME AND ADDRESS		
	YER FURN				ID E 4.0	VII ITIE0	Alew	elt Con	crete, Inc. ty Hwy D-20		
			uctions on		ID FAC	ILITIES	Alder	n, IA 50	0006		
2. HOUSING L						_	3. HOUSI				
Stone Mo	bile Home	Park	<				1		oile Home		
	ummer St.						100	OU WIOL	nie nome		
	ity, MO 63	456					ID# 3	153			
4. SLEEP ROOM (No. & Measur	MS re) 1	a. D	ormitory				amily Type		ES US	E ONLY	_
Length	13'6"	13'		8 4		1 2	3	4	5 CAPACITY	E ONLY	
Width		-						-	(Adults)	HI 9 pm	
	11"6	11	'6 11	'6					6. REGULATIONS COM ("x" proper box)		No
Ceiling Height	8	8	8						Water	\boxtimes	
Square Feet	158	15	8 15	8					Electricity		一
No. of Rooms									Site		吕
No. of Beds,	Single / / 1										ᆜ
No. of Beds or	No. of Beds or Bunks, Double 2 2 1 1						-		Screening		Ш
									Heating	\boxtimes	
Flush Toilets	Privy	:h)	I I dia a I a		1.						
2	l' livy		Urinals		Lav. o	r Washbasin		eads			
							2				
Bathtubs	Movable Bati	ntubs	Laundry	machines	Fixed	laundry tubs	Movable I	laundry			
2							tubs				
Cook Stoves	Refrigerators		Garbage	containers	First-a	id Kits	Fire Exting	auishers			
1	1		1		1		(No. & typ	ne)			
8. COMMENTS							2 kidd	die			
Smoke and	Carbon M	lono	vida Da	tootoro	1						
				lectors-	-4						
City trash p	ickup 2x a	wee	k								
Local laund	Irv mat										
	-										
New quality	built cons	truct	ion								
0 5110 0 0											
 EMPLOYER'S CERTIF 	CERTIFICATION Y THAT I have	ON: e revie	wed the h	ousing roa	ulations	-645-1100					\dashv
the housing des	cribed herein	⊠ m	eets	does not n	neet such	n standards. I	epartment of hereby auth	Labor, U. norize repr	S. Training and Employme	ent Service, and the	at
Employer's Signati		Trainii	ng Admini	stration reg	gioriai om	ce to mapeci	the above n	ousing at	esentatives of the State E any reasonable time.	mployment Service	=
Mil	00 6) A	1			yped Name:	and Title	- 0-	5 0.0 0	Date	
10. HOUSING INS	PECTED BY:	ک ا	100	3		mage	FET	E125	, super	(2)11	
Signature of Author		,			Т	yped Name a	T:41				
Clari	. 11	_		1	202 00000000000000000000000000000000000	and Title ahn, FLC	Coordi	inator	Date		
1. APPROVAL	Housing appro	ved fo	r occupar	cv hv work	ers recru					12-11-17	
Signature of Author	ized Official	1		-) b) Work		yped Name a				TD-4-	
Clon	u A	-1					ahn, FLC	Coordi	nator	Date	
-1-9	1	~						- Corai		12-11-17	

US DEPARTMENT Employment and Tra	aining Administr					EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20							
EMPLOYER FURN	ISHED HOUSI	NG ANI	FACILIT	IES		Alden I.	A 500	006		U-100			
2. HOUSING 35 Trails End Cheste										CRIPTIO			
4. SLEEP RO		I	. Dormit	ory Type				nily Ty		om, manı	factured home.		
() () ()					γ				, p.c		LS OSE ONE	9	
(No. & Me	asure)	1	2	3	4	1	2	2	3	4	Capacity (Adults)	,	*
Length		11' 3'	11'3"	11' 3"	11' 3"	14' 6"					REGULATIONS C ("X" Proper Box)	OMPLIA Yes	NCE No
Width		9'	10'	9,	9' 2"	6' 11"						1	1.0
Ceiling Height											Electricity	~	
Square Feet											Site	~	
No. of Rooms.											Screening	V	
No. of Beds, Single	of Beds, Single										Heating	1	
No. of Beds or Bunks	. Double	1	2	2	2								
7. FACILITIES (Nun													
Flush Toilets	Privy		Urinals /		Lav. C	or Washba	sins	Shov	werhead	S			
Bathtubs 2	Movable Bath	tubs	Laundry N	1achines	Fixed	Laundry T	ubs	Mov	able La	undry			
Cook Stoves	Refrigerators		Garbage C	ontainers	First /	Aid Kits		Fi	F1				
1	1		_	ontamers	T II SI-7	/		(No.	Extingu & Type	isners			
8. COMMENTS N	ew locker	s in	all 4	the 10	erus-	Lovin	· 11	41 ((11)				
8. COMMENTS N	Verythi	ing (eoks	gree	ot.	Th	au	Ė,	Yo	u!			
and/or Employment ar	HAT I have rev	riewed th	es not meet	such stan	dards. 1 h	ereby auth	orize	renre	centativ	es of the	() ETA, and that State Employment Ser	vices Offi	ice
Employer's Signature) _		35.95	l Name an				7//	Da		/ /		
Muse	alu	-	M	IKE	Keta	ERS				11	27/20	17	
10. HOUSING INSPE													
Signature of Authorize	d Official	1		l Name an m L. Diaz		ESS I - S	S		Da		00 00 10		
Mylian -	RVG	400		,					/	YOV.	27, 2017	_	
7. APPROVAL: He Signature of Authorize	d Official	FOR OCCL	Typed	orkers red Name an	cruited int	erstate.	-		Da	te			
Merian	M/ lu	H	1.1.			Ruflan	d		Da		106,66.	7	
1	8										ETA 1	38 (Ian	1001)

										et Bureau No. 4	4-R135
U.S. Departme U.S. TRAININ	ent of Labor	r, Employ	ment and Tra	ining A	dministratio	n			AME AND ADDRESS		
			D HOUSIN		SEACH IT	IEC			crete, Inc. ty Hwy D-20		
			uctions on Reve		PACILII	ILS	Alden	n, IA 50	0006		
2. HOUSING LO	OCATION						3. HOUSII	NG DESC	RIPTION		
309 Hyatt							16 X	80 Mob	ile Home		
Brookfield	, MO										
4. SLEEP ROOM			ormitory Type			b. Far	nily Type		ES HET		
(No. & Measur Length	e) 1 14'1	0 11		4	1	2	3	4	5. CAPACITY	JNLY	
									(Adults) 11		-
Width	11'.:	3 11'	.3 11'.3						6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No
Ceiling Height	8						Water	\boxtimes			
Square Feet	160	5 183						Electricity	\boxtimes		
No. of Rooms									Site	\boxtimes	
No. of Beds, Single			1						Screening	\boxtimes	
No. of Beds or Bunks, Double		2	1						Heating	\boxtimes	
7. FACILITIES (I	_	each)	_				<u> </u>				
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	*		
2							2				
Bathtubs	Movable B	Bathtubs	Laundry mad	hines	Fixed laund	Iry tubs	Movable I	laundry			
2							tubs				
Cook Stoves	Refrigerat	ors	Garbage cor	tainers	First-aid Kit	s	Fire Extin	quishers			
1	1		1		1	aid Kits Fire Extinguishers (No. & type) 2 Kiddie					
8. COMMENTS							21110	uic			-
Smoke/Car	rbon Mo	noxide	Detectors	4							
New quality	v built co	nstruc	tion								
quem,	, want oc	71101140									
9. EMPLOYER'S	CERTIFICA	ATION:									
I CERTIF the housing des	Y THAT I	have revie	ewed the hous	ing regu	lations of the	U.S. De	partment of	f Labor, U	S. Training and Employmen	t Service, and	that
		and Train	ing Administra	es not m ition regi	eet such star onal office to	ndards. I I o inspect t	hereby auth he above h	horize rep nousing at	resentatives of the State Em	ployment Serv	rice
Employer's Signat	ure	1				d Name a			Brian	Date	
gr. Th	auch				57	te Si	efecti	500 1	Jaschen beck	1220-1-	7
10. HOUSING INSPECTED BY:							/			- 10	
Signature of Autho	al//	_		Name a				Date			
							hn, FLC	Coord	linator	12-20-1	7
			or occupancy	by worke							
Signature of Autho	rized Officia	ar // ,				Typed Name and Title Joyce Hahn, FLC Coordinator Date					\neg
(fingse								Coord	inator	420-1	(

1			1021								Budget Bureau	a 1 No. 44	-R13
I	U.S. Departme U.S. TRAINII EMPLO	ent of Labor, I NG AND EMI YER FURN	PLOY	MENT SERV	/ICE			Ale 183	welt Con 58 Coun	crete, Inc. ty Hwy D-20			
_			ee Instr	uctions on Rev	erse)			Ald	en, IA 50	0006			
2.	. HOUSING L							3. HOUSING DESCRIPTION					
		nock Ave. MO 65270		44				16)	K 80 Mob	ile Home			
	SLEEP ROOF			Dormitory Type	Э		b. Fa	mily Type)	T 50 116	NE 611111		
	(No. & Measur Length		1 2		4	1	2	3	4	5. CAPACITY	SE ONLY		
\vdash		13'6	13		-	-		1		(Adults)	9		
_	Width	11'6	11	'6 11'6						6. REGULATIONS CO ("x" proper box)	MPLIANCE	Yes	No
	Ceiling Height	8	8	8						Water		\boxtimes	
,	Square Feet	158	15	8 158						Electricity		\boxtimes	
	No. of Rooms									Site		\boxtimes	П
	No. of Beds, Single	1	1	1					1	Screening		$\overline{\boxtimes}$	$\overline{\Box}$
1	No. of Beds or Bunks, Double		1	1					_	Heating			믐
	FACILITIES (/		h)										
Flus	sh Toilets	Privy		Urinals		Lav. or Was	shbasins	Shower	heads				
2	2							2					
Raff	htubs	Movable Bati	ntubs	Laundry mad	. le far a s			Movable	alaundry				
			Ladinary mai	cnines	Fixed laund	ry tubs	INIUVADII	lauriury					
2	2			Lauriory man	onines	Fixed laund	ry tubs	tubs	laundry				
2	2 ok Stoves	Refrigerators		Garbage cor		First-aid Kits		tubs	inguishers				
2000	ok Stoves	Refrigerators						Fire Ext	inguishers				
Coo 1 8. C	ok Stoves	1	xide	Garbage con	tainers	First-aid Kits		Fire Ext	inguishers				
2 Coo 1 8. C	ok Stoves	1 bon Mono		Garbage cor	tainers	First-aid Kits		Fire Ext	inguishers	,			_
2 Cooo 1 3. C S N	DOMMENTS COMMENTS COMMEN	bon Mono built cons CERTIFICATION THAT I have cribed herein ployment and	DN:	Garbage cor 1 Detectors ion	ing regul	First-aid Kits 1 ations of the eet such stan onal office to	U.S. Dep dards. I h inspect ti	tubs Fire Ext (No. & t) 2 Ki artment ereby au ne above	inguishers (pe) ddie	S. Training and Employn esentatives of the State any reasonable time.	Employment	and the	nat
2 Cooo 1 8. C S N	DOMMENTS Smoke/Car New quality MPLOYER'S (I CERTIF e housing desc	bon Mono built cons CERTIFICATION THAT I have cribed herein ployment and	DN:	Garbage cor 1 Detectors ion	ing regul	First-aid Kits 1 lations of the let such standal office to Typed	U.S. Dep	Fire Ext (No. & t) 2 Ki artment ereby au ne above d Title	inguishers (pe) ddie of Labor, U.: thorize reprihousing at a	sentatives of the State	Employment	Servic	nat e
2 Cooo 18. C S S N	MPLOYER'S C I CERTIF e housing dest fice and/or Em loyer's Signatu	bon Mono built cons certification That I have cribed herein ployment and re pected by:	DN:	Garbage cor 1 Detectors ion	ing regul	First-aid Kits 1 lations of the let such standal office to Typed	U.S. Dep dards. I h inspect ti Name ar	Fire Ext (No. & t) 2 Ki artment ereby au ne above d Title	inguishers (pe) ddie of Labor, U.: thorize reprihousing at a	esentatives of the State any reasonable time.	Employment	Servic	nat
2 Cooo 1 S S N N the off mple	MPLOYER'S OF I CERTIFE HOUSING INSTAUTH OF Author	bon Mono built cons CERTIFICATION THAT I have cribed herein ployment and tree PECTED BY: ized Official	DN:	Garbage cor 1 Detectors ion	ing regul	First-aid Kits 1 Interpretations of the pet such standonal office to Typed	U.S. Dep dards. I h inspect th Name ar	Fire Ext (No. & t) 2 Ki 2 Ki artment ereby au le above di Title	of Labor, U. thorize rephonsing at the	esentatives of the State any reasonable time.	Employment	Servic	nat
2 Cooo 18. C S S N	MPLOYER'S OF I CERTIFE PROUSING INSTITUTE OF Author	bon Mono built cons certification That I have cribed herein ployment and the Baker PECTED BY: ized Official	DN: Previe	Garbage cor	ing regules not me	First-aid Kits 1 Idations of the set such stan onal office to Typed Joy	U.S. Depdards. I hinspect the Name and Name and I/ce Ha	Fire Ext (No. & t) 2 Ki 2 Ki artment ereby au le above di Title	inguishers (pe) ddie of Labor, U.: thorize reprihousing at a	esentatives of the State any reasonable time.	Date 12/17	Servic	e
Coo 1 8. C S N N N the off of the	MPLOYER'S COMMENTS MPLOYER'S COMMENTS I CERTIF The housing description of the complex of Author AUGUST AUTHORITY OF THE COMPANY OF THE CO	bon Mono built cons certification That I have ployment and ployment an	DN: Previe	Garbage cor	ing regules not me	First-aid Kits 1 attions of the elect such stan onal office to Typed Typed Joy	U.S. Dep dards, I h inspect ti Name ar Name an /ce Ha	Fire Ext (No. & t) 2 Ki 2 Ki artment erreby au ne above d Title A Cit	of Labor, U. thorize rephonsing at the	esentatives of the State any reasonable time.	Date 12/17	Service	e
2 Cooo 1 1 3. C S N N N The off mplot of gna	MPLOYER'S OF I CERTIFE PROUSING INSTITUTE OF Author	bon Mono built cons built cons That I have cribed herein ployment and re PECTED BY: ized Official chn lousing appro	DN: Previe	Garbage cor	ing regules not me	First-aid Kits 1 dations of the elect such stan onal office to Typed Typed Joy rs recruited in	U.S. Dep dards. I h inspect th Name ar Name an /ce Ha nterstate.	Fire Ext (No. & t) 2 Ki 2 Ki artment erreby au ne above d Title hn, FL	of Labor, U. thorize rephonsing at the	esentatives of the State any reasonable time. DRETY MGF	Date 12/17	Service	e

					*				Budget Bu		1-R135
U.S. Department U.S. TRAININ	nt of Labor, I	Employ	ment and Trai	ning Ac	lministratior	ı			AME AND ADDRESS		
	YER FURN	IISHE	D HOUSING actions on Rever	S AND	FACILIT	IES	1835		crete, Inc. ty Hwy D-20 1006		
2. HOUSING LO			- Teren				3. HOUSII	NG DESC	RIPTION		
5118 Fara St. Joseph		Lot #	55						ile Home		
4. SLEEP ROOM		a. D	ormitory Type			b. Far	nily Type		T 50 HOT 000		
(No. & Measure	,	2		4	1	2	3	4	ES USE ONL	Υ	
Length	13'6	13'	6 13'6						(Adults) 9		
Width	11'6	11'	6 11'6						6. REGULATIONS COMPLIAN ("x" proper box)	CE Yes	No
Ceiling Height	8	8	8						Water	\boxtimes	
Square Feet	uare Feet								Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds, Single	1	1	1						Screening	\boxtimes	
No. of Beds or Bunks, Double	1 1	1	1						Heating	\boxtimes	
7. FACILITIES (I	Number of ea	ch)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerh	eads			
2							2				
Bathtubs	Movable Ba	thtubs	Laundry macl	nines	Fixed laund	fry tubs	Movable tubs	laundry			
Cook Stoves	Refrigerators	S	Garbage cont	ainers	First-aid Kit	S	Fire Extin	quishers			
1	1		1		1		(No. & typ	pe)			
8. COMMENTS											
Smoke/Car				4							
the housing des	Y THAT I ha	ve revie	neets doe	s not me	eet such star	ndards. H	hereby aut	horize reni	.S. Training and Employment Ser resentatives of the State Employr any reasonable time.	vice, and nent Serv	that ice
Employer's Signat	ure ()4	1			d Name a			SUPER Date	2 /	
10. HOUSING INS	SPECTED BY		us		VV	HKE	PETE	FRS	SUPERC 1	2/14/	17
Signature of Autho		•			Types	d Name a	nd Title				
Louis	11 /				200		ahn, FLO	Coord	Date	11/	_
		roved f	or occupancy b	v work		25			10	-14-1	/
		. 5 , 50 10	o. occupancy L	y WOIKE					D-1.		
Conju	ignature of Authorized Official Typed N Joye							Coord	linator Date	-14-1	7
Joyce											/

												udget Bureau		-R135	
U.S. Departme						EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc.									
U.S. TRAININ															
EMPLO	YER F				OUSING s on Rever		FACILIT	IES		, IA 50	y Hwy D-20 006				
2. HOUSING L	OCATIO	ON	-						3. HOUSIN	NG DESCI	RIPTION				
777 E. Ye Marshall,	rby S MO	t. Lot	86						16 X 80 Mobile Home						
4. SLEEP ROOM					ory Type				nily Type		ES IISI	E ONLY			
(No. & Measur	-	1	2		3	4	1	2	3	4	E CADACITY				
Length		14'10	11'	9	16'2						(Adults)	9			
Width	_	11'3	11'	3	11'3						6. REGULATIONS COM ("x" proper box)	//PLIANCE	Yes	No	
Ceiling Height		8	8		8						Water		\boxtimes	Ш	
Square Feet											Electricity		\boxtimes		
No. of Rooms											Site		\boxtimes		
No. of Beds, Single		1	1		1						Screening		\boxtimes		
No. of Beds or Bunks, Double	ls or										Heating		\boxtimes		
7. FACILITIES (/	Number	of each	7)												
Flush Toilets	Privy			Urin	als		Lav. or Wa	shbasins	Showerhe	ads					
2									2						
Bathtubs	Moval	ole Bath	tubs	Laur	ndry mach	nines	Fixed laund	iry tubs	Movable l	aundry					
									tubs						
Cook Stoves	Refrig	erators		Gart	age cont	ainers	First-aid Kit	s	Fire Exting						
1	1			1			1		(No. & typ 2 Kide						
8. COMMENTS															
Smoke/Car	bon l	Mono	cide	Det	ectors-	-4									
New quality	/ built	cons	truct	ion											
. EMPLOYER'S				300	22 12 130			Control of the							
I CERTIF the housing des	Y THA	T I have herein	revie m	wed t	the housing does	ng regul	lations of the eet such star	e U.S. Dep ndards, I h	partment of nereby auth	Labor, U. orize repr	S. Training and Employmesentatives of the State E	ient Service Employmen	, and t	that	
office and/or Em	ployme	ent and	Trainir	ng Ad	dministrati	on regi	onal office to	inspect t	he above h	ousing at	any reasonable time.				
Employer's Signate	ure IZ 1							d Name a				Date	18		
STEVEN BAKER PROPERTY MGP. 12/14/17										_					
0. HOUSING INS							T	l Name a	- J T'M-			- ID-th-		_	
Doyce H								Name a	hn, FLC	Coord	inator	Date	4147		
1		-	und 6-		unare: L	u use de -				Joona		12/1	4/17		
ignature of Author			veu 10	000	upancy D	y worke	rs recruited					Date			
	,						1	Typed Name and Title Joyce Hahn, FLC Coordinator Date 12/14/17							
O .								,			12/1	7/ 1/			

U.S. Departmer U.S. TRAINING	nployi LOYN	ment and Tra IENT SERVI	ining Ad CE	lministration	Alewelt Concrete, Inc.							
EMPLOY	ER FURNI	SHE	HOUSIN	G AND	FACILITI	IES		Count IA 50	y Hwy D-20			
		Instru	ctions on Rever	rse)								
2. HOUSING LO							3. HOUSIN	NG DESCR	RIPTION			
430 Paul L Wayland, I							16 X 8	80 Mobi	le Home			
4. SLEEP ROOM			ormitory Type				nily Type		ES USE	ONLY		
(No. & Measure	1 13'6	13'	3 6 13'6	4	1	2	3	4	5 CAPACITY	_		
Length	11'6	11'							(Adults) 6. REGULATIONS COM	F 9 JA		
	Ceiling Height 8 8 8								("x" proper box) Water	Yes No		
Square Feet									Electricity			
No. of Rooms	300.								Site			
No. of Beds, Single	1	1	1						Screening			
No. of Beds or Bunks, Double		2) 1						Heating			
7. FACILITIES (/	Number of eac	h)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads				
2							2					
Bathtubs	Movable Bati	htubs	Laundry mad	chines	Fixed laund	dry tubs	Movable tubs	laundry				
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid Kit	ts	Fire Extin	quishers				
1	1		1		1		(No. & ty)	pe)				
8. COMMENTS		-										
Smoke/Ca	rbon Mono	xide	Detectors	s4								
New quality	y built cons	struc	tion									
9. EMPLOYER'S							3.00					
the housing de	scribed herein	\boxtimes r	neets 🗌 do	es not m	neet such sta	ndards. I	hereby au	thorize rep	.S. Training and Employm resentatives of the State E any reasonable time.	ent Service, and that Employment Service		
Employer's Signat	ture				Туре	d Name a	and Title	. 1	^	Date		
Muse letters MIKE								= 120	25	15/11(()		
10. HOUSING INSPECTED BY:												
Signature of Authorized Official Typed Na Joyce							and Title ahn, FL	C Coord	dinator	Date 12-11-17		
11. APPROVAL: Housing approved for occupancy by workers recruited interst.										, , , , ,		
The state of the s							ed Name and Title Date					
							Joyce Hahn, FLC Coordinator /2-//-/7					

U.S. Department U.S. TRAINING	of Labor, Er	nploym _OYME	ent and Train	ing Adn E	ninistration	1			ME AND ADDRESS rete, Inc.			
			HOUSING		FACILITI	ES		County IA 500	/ Hwy D-20			
	(See	Instruct	tions on Revers	e)								
2. HOUSING LOC	CATION					3	. HOUSIN	G DESCR	RIPTION			
605 East C Hamilton, M		4					16 X 8	30 Mobi	le Home			
4. SLEEP ROOMS	3	a. Do	rmitory Type			b. Fam			ES US	E ONLY		
(No. & Measure)	1	2	3	4	1	2	3	4	5 CARACITY			
Length	14'10	11'.9							(Adults) 6. REGULATIONS CO	9 MPLIANCE		
Width	11.3	11.3	11.3						("x" proper box)	Y	es No	
Ceiling Height	8	8	8						Water			
Square Feet									Electricity			
No. of Rooms									Site			
No. of Beds, Single	1	1	1						Screening			
No. of Beds or Bunks, Double	1	1	1						Heating			
7. FACILITIES (A	lumber of ea	ch)										
Flush Toilets	Privy		Urinals	7	Lav. or Wa	shbasins	Showerh	eads				
2							2					
Bathtubs	Movable Ba	thtubs	Laundry mad	hines	Fixed laund	dry tubs	Movable	laundry				
							tubs					
Cook Stoves	Refrigerator	s	Garbage con	tainers	First-aid Ki	ts	Fire Extir	nguishers	i			
1	1		1		1		(No. & ty	0.000				
				-			2 Kid	Jule				
8. COMMENTS		حادثات	Datastara	1								
Smoke/Car	rbon Ivion	oxide	Detectors	4								
New quality	y built cor	nstruc	tion									
9. EMPLOYER'S	CERTIFICA	TION:			1.11.	- II C D		of Lobor I	LS Training and Emplo	vment Service	and that	
the housing de	scribed here	in 🛛 i	meets do	es not n	neet such st	andards. I	hereby au	uthorize re	J.S. Training and Emplo presentatives of the Stat	e Employmen	t Service	
office and/or E	mployment a	nd Trair	ning Administr	ation rec	gional office	to inspect	the above	housing a	at any reasonable time.			
Employer's Signa	ture	Do.	·/\			ed Name	7 .	725	SUPER	Date/	4/17	
10. HOUSING IN	ISPECTED E	SY: Jo	yce Hahn			11010	1010		W		1-1-	
Signature of Authorized Official Typed Name an										Date	1	
Joyce Hahn, F								C Cool	dinator	121	4-17	
11. APPROVAL:		proved	for occupancy	y by wor								
Signature of Auth	orized Officia	al ///	,		0.500	yped Name and Title Date					1.1 1.1	
4	nu t	to				Joyce Hahn, FLC Coordinator 12-14-17						

U.S. Danast			
U.S. TRAINING AND E	r, Employment and Training Administration MPLOYMENT SERVICE	1. EMPLOYER'S NAME AND ADDRESS	Form Approved Budget Bureau No. 44-R135
2. HOUSING LOCATION	KNISHED HOUSING AND FACILITIES (See Instructions on Reverse)	18358 County History	
22 Spencer Court Bloomfield lowa 52	-ot 26 537	3. HOUSING DESCRIPTION	
4. SLEEP ROOMS (No. & Measure)	a. Dormitory Type	Mobile home	
Length 12.9	2 3 4 1 2 17.8 11.6	amily Type	
Ceiling Height 7.11	11 11.1	(Adulta)	SE ONLY
Square Feet 1/2+3	140 128	6. REGULATIONS CO ("x" proper box) Water	Yes No
No. of Beds, Single No. of Beds or Bunks, Double	1 1	Electricity Site	
7. FACILITIES (Number of each) Flush Tollets Privy		Screening Healing	
Bathtubs Movable Bathtub	S Laundo	Showerheads	
Cook Stoves Refrigerators	Garbara	ovable laundry bs	
8. COMMENTS	A I I	e Extinguishers b. & (ype) AG	
9. EMPLOYER'S CERTIFICATION:			
the in the interest of the int	ed the housing regulations of the U.S. Departments does not meet such standards. I hereby a Administration regional office to inspect the above		
Employer's Signature	ed the housing regulations of the U.S. Departments does not meet such standards. I hereby a Administration regional office to inspect the above	t of Labor, U.S. Training and Employment Sen uithorize representatives of the State Employm e housing at any reasonable time	vice, and that
Signature of Authorized Official	KON HURLE		hul
11. APPROVAL: Housing approved for occ	Typed Name and Title Marco A, Adasm supancy by workers recruited Interstate.	ne - Housing inspector	7777
Denize Schippen	Typed Name and Title		14/2017
	1 - Stribe Scrippers	S, Program Manager 5 /	10/18

EMPI	rtment of Labo NING AND E	RNISH	HED H	VISERVI	CE G AI			1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc. 18358 County Hwy D-20 Alden, IA 50006				
2. HOUSING	G LOCATION			- Tierer	36)			Alde	en, IA	50006		
5046 Re Fulton,	ed Maple I MO 65251	ane								SCRIPTION Obile Home		
4. SLEEP RO	0140											
(No. & Meas	sure) 1	а.	Dormit 2	tory Type			b. F	amily Type				
Length	13'6	1	3'6	3	4	1	2	3	4	ES USE ONLY		
Width	11'6	+	1'6	13'6						5. CAPACITY (Adults) 44 9 W		
Ceiling Heig		+	8	11'6						6. REGULATIONS COMPLIANCE ("x" proper box)		
Square Feet		+	58	8						Motor 165 No		
No. of Room		-	-	158						Electricity		
No. of Beds, Single	1									Site		
No. of Beds of Bunks, Doubl	or 2	+/	- 1	1						Screening		
7. FACILITIES		2	/	1			_			Haati		
Flush Toilets	Privy	ch)								Heating		
2	Frivy		Urinal	ls		Lav. or Was	hbasins	Showerhe	ode			
								- Monte	ads			
Bathtubs	Movable Bat	htubs	Laund	ry machine				2	- 1			
			Lauria	ry machine	es	Fixed laundr	/ tubs	Movable la tubs	undry			
ook Stoves	Refrigerators	-	0 1						- 1			
1	1	- 1		ge containe	ers	First-aid Kits		Fire Extingu	ishers			
			1			1		(No. & type)		1		
COMMENTS								2 Kiddi	e	1		
Smoke/Carl				tors4								
		M.										
EMPLOYER'S CI I CERTIFY the housing describing and/or Empl	THAT I have	eviewe	ed the h ts Admini	does not i	julationeet	ons of the U.S such standar	S. Depa ds. I he	rtment of Lat	oor, U.S.	Training and Employment Service, and that		
I CERTIFY	THAT I have	eviewe	ed the h ts Admini	does not i	gulation neet giona		Sect tile	above hous	oor, U.S. e represe	Training and Employment Service, and that entatives of the State Employment Service / reasonable time.		
r CERTIFY ie housing descrifice and/or Empl pyer's Signature	THAT I have ibed herein (loyment and T	eviewe	ed the hots Admini	nousing reg does not re istration re	gulation neet giona	Typed Na	me and	Title	ing at any	reasonable time.		
the housing description and/or Employer's Signature	THAT I have ibed herein [loyment and T	eviewe	ed the hots Admini	nousing reg does not r istration re	gulation meet giona	Typed Na	Sect tile	Title	oor, U.S. te represeing at any	reasonable time.		
I CERTIFY	THAT I have ibed herein [loyment and T	eviewe	ed the hats Admini	nousing reg does not r istration re	gulation meet giona	Typed Na	me and KE	Title	ing at any	reasonable time.		
the housing description and/or Employer's Signature	THAT I have ibed herein [loyment and T	eviewe	ed the h ts	nousing reç does not i istration re	gulationeet giona	Typed Na	me and KE	Title	ing at any	reasonable time. Date 12 M		
HOUSING INSPE	THAT I have ibed herein [loyment and T	Teviewer mee raining				Typed Nan	me and KE	Title	ing at any	reasonable time. Date Date Date		
HOUSING INSPER	THAT I have ibed herein [loyment and T]	Teviewer mee raining				Typed Nan	me and KE	Title	ing at any	reasonable time. Date 12/M		
HOUSING INSPE	THAT I have ibed herein [loyment and T]	Teviewer mee raining				Typed Nar Typed Nar Joyce cruited inters Typed Nam	me and Hahr tate.	Title Title Title Title Title Title Title	eordina	reasonable time. Date 12/M Date 12/M tor Date 12-11-17		
HOUSING INSPER	THAT I have ibed herein [loyment and T]	Teviewer mee raining				Typed Nar Typed Nar Joyce cruited inters Typed Nam	me and Hahr tate.	Title Title 7, FLC Cc	eordina	reasonable time. Date 12/M Date 12/M tor Date 12-11-17		

										F	Form Approved Budget Bureau No.	44-R1
U.S. Depart	ment of Labor	Employ	oymen	n and Tra	ining /	Administratio	1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete, Inc.					
į.	OYER FUR					D = 4 C !! !!		Alew	elt Cor	icrete, Inc. nty Hwy D-20		
				is on Reve		DFACILI	HES		1, IA 5			
2. HOUSING								3. HOUSII	NG DESC	PIPTION		
1110 6th	Street Lot	#3								oile Home		
Bethany	, MO 6442	4						10%	00 10101	one Home		
4. SLEEP ROO				ory Type			b. Fa	amily Type				
(No. & Meas Length	13'6		2	3	4	1	2	3	4	5. CAPACITY	E ONLY	
Width		+-	3'6	13'6			-			(Adults)	12 9 y	~
	11'6	11	1'6	11'6						6. REGULATIONS CON ("x" proper box)	MPLIANCE Yes	N
Ceiling Heigi	ht 8	3	В	8						Water	\boxtimes	Ī
Square Feet										Electricity		Ī
No. of Room										Site	\boxtimes	F
No. of Beds, Single	11	1								Screening	\boxtimes	F
No. of Beds of Bunks, Double		2		71						Heating	\boxtimes	-
. FACILITIES		ch)	- 1	,				1		riculing		
lush Toilets	Privy		Urina	als		Lav. or Was	shbasins	Showerhea	ads			
2								2				
athtubs	Movable Bal	htubs	Laun	dry mach	ines	Fixed laund	ry tubs	Movable la	unda			
				,		· ····ou round	, 1003	tubs	unory			
ook Stoves	Refrigerators		Garba	age conta	iners	First-aid Kits		Fire Exting	uichosa			
1	1		1			1		(No. & type)			
COMMENTS								2 Kidd	ie			
Smoke/Ca	rhan Ma		D .		. 4							
Silloke/Ca	TOOTI WOOD	xiae	Dete	ectors	-4							
New quality	y built cons	struct	ion									
EMPLOYER'S I CERTIF	CERTIFICATION THAT I have	ON:	wed th	e boucine		tions of the t	10.0					
										S. Training and Employme sentatives of the State En	nt Service, and the	nat
ployer's Signatu	יףיים זוויסווו מווע	Trainin	ng Adm	ninistratio	n regio	nai office to i	nspect th	e above hou	using at a	ny reasonable time.		c
Stone	1. 1 Ba	1				1	Name an		D		Date)	
HOUSING INS	PECTED BY:	70-				36161	UME	AKER I	ROPER	TY MGR	12/14/17	7
	rized Official	,)		•		Typed N	Jamo an	d Title			, ,	
IGIUIE OLAUMOI	//						same all	o Title			Date /	
acure of Author	Tn >	4	/	_		Jov			Coordin	nator	1.1.1.	- 1
400	DOCE /	ved for	OCCU	pancy by	worker		ce Hat	nn, FLC (Coordii	nator	12/14/17	
APPROVAL:	Housing appro	yed for	occup	pancy by	workers	recruited in	ce Hat	nn, FLC (Coordi	nator	12/14/17	
4/17	ized Official	yed for	occup	pancy by	workers	Typed N	ce Hah terstate. Jame and	nn, FLC (12/14/17 Date	

FORM ES-338-R2 R-JULY 1969 AI

U.S. Departmer U.S. TRAININ	nt of Labor, I	Employ:	ment and Tr	aining Ad	lministration	ı	Alewe	elt Cond	ame and address crete, Inc.			
1 SALES O					FACILITI	IES			y Hwy D-20			
			ctions on Rev					, IA 50				
2. HOUSING LO	CATION			3/10			3. HOUSIN	IG DESCR	RIPTION			
605 East 0 Hamilton, I		#4					16 X 8	30 Mobi	ile Home			
4. SLEEP ROOM	IS		ormitory Typ				nily Type	4	ES USE (ONLY		
(No. & Measure		2	3	4	1	2	3	4	5. CAPACITY 11			
Length	14'10	11'.	_	-			-		6. REGULATIONS COMPI			
Width	11.3	11.3	3 11.3						("x" proper box)	Yes No		
Ceiling Height	8	8	8	桑					Water			
Square Feet	are Feet								Electricity			
No. of Rooms									Site			
No. of Beds, Single			1						Screening			
No. of Beds or Bunks, Double		2	1						Heating			
7. FACILITIES (ach)										
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads				
2							2					
Bathtubs	Movable Ba	athtubs	Laundry ma	achines	Fixed laund	iry tubs	Movable I	laundry				
							tubs					
Cook Stoves	Refrigerato	rs	Garbage co	ontainers	First-aid Kit	s	Fire Extin					
1	1		1		1		(No. & typ					
	'						2 Kid	lule				
8. COMMENTS			D - 1 1	_ 1								
Smoke/Car	rbon Mon	ioxiae	Detector	S4								
New quality	built cor	nstruct	tion									
9. EMPLOYER'S				uning rogu	ulations of the	ells De	nartment o	f Labor, U	.S. Training and Employmer	nt Service, and that		
11 I	arihad harai	in IXIn	neets Id	nes not m	teet such sta	ngargs. I	neleby aut	HOHZE IEP	103011tativos of the state -	ployment Service		
office and/or En	nployment a	nd Train	ing Administ	ration reg	ional office to	o inspect	the above i	housing at	t any reasonable time.	Date		
Employer's Signature Typed Name and Title 57 Fe										+17-17		
1 - 1 15 - 6 - 5 / 6												
10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official / Typed Name and Title										Date		
							ahn, FL0	C Coord	dinator	1-17-17		
CTUCE!												
APPROVAL Housing approved for occupancy by workers recruited interstate. Typed Name and Title										Date		
							Joyce Hahn, FLC Coordinator					
1/1	1101											

U.S. Departm U.S. TRAINI	ent of Labor,	Emplo	yment	and Tra	aining A	dminist	tration				NAME AND ADDRESS	et Buleau NO. 44-R1.
	YER FURI					DEAC	·II 171	FC	Alew 1835	elt Con	crete, Inc. ity Hwy D-20	
			ructions			DFAC	·IL!!!	E9		1, IA 50		
2. HOUSING L									3. HOUSI	NG DESC	PIPTION	
777 E. Ye Marshall,	erby St. Lo MO	t 86									oile Home	
4. SLEEP ROO	MS	a. [Dormito	гу Туре				b. Fa	mily Type			
(No. & Measu	re) 1		2	3	4		1	2	3	4	ES USE (ONLY
Length	14'10	11	1'9	16'2							5. CAPACITY 11	
Width	11'3	11	1'3	11'3							6. REGULATIONS COMPL ("x" proper box)	IANCE Yes No
Ceiling Heigh	t 8	3	3	8							Water	
No. of Rooms		-	-			_					Electricity	
No. of Beds.		-									Site	
Single				1							Screening	\boxtimes
No. of Beds of Bunks, Double	2	2		1							Heating	
7. FACILITIES (ch)										
Flush Toilets	Privy		Urinal	S		Lav. or	Wash	basins	Showerhe	ads		
2									2			
Bathtubs	Movable Bat	htubs	Laund	ry mach	nines	Fixed la	aundry	tubs	Movable la tubs	aundry		
Cook Stoves	Refrigerators		Garba	ge cont	ainers	First-aid	d Kits		Fire Exting	uishers		
1	1		1			1			(No. & type	e)		
8. COMMENTS									Z Kluc	ile		
Smoke/Car				ctors-	4							
recw quality	Duit Cons	uci	.1011									
9. EMPLOYER'S	CERTIFICATION	ON-								-		
I CERTIF the housing desi	Y THAT I have cribed herein	revie m	eets i	I does	not me	et such	stands	arde I h	araby autho	rizo conce	Training and Employment Sentatives of the State Employers reasonable time.	Service, and that syment Service
mployer's Signatu	ire/							lame an		, adding at t	1.	ate
3-5h	mel	_				1	1100	NIK	les solo	hace	L Supervision 1	-17-17
0. HOUSING INS		1				N-C				The second	000000	111
ignature of Author	nature of Authorized Official / Typed Na										D	ate
-/-/	e M	_							nn, FLC	Coordii	nator	-17-17
1. APPROVAL	Housing appro	ved fo	r occupa	ancy by	worker							
ignature of Authori	zed Official	,						ame and		· ·		ate
Toyie	Nal						Joyc	e Har	in, FLC	Coordin	nator	-17-17

U.S. De	epartment of	f Labor, E	mployi	nent and I	raining	Administr	ation	1.	FMP	I OVED	Form Approved Budget Bureau No. 44-R135
EN	RAINING A	FURNI	SHED	HOUSI	NG AN	ID FACI	LITIES		Aleu	velt Co	S NAME AND ADDRESS Pricrete, Inc. Inty Hwy D-20
2. HOUS	ING LOCAT	ION	Instruc	tions on Re	verse)			A	Ide	n, IA	50006
605 E	ast Cros		1								SCRIPTION
Hamii	lton, MO	O Ot. #2	+								bile Home
										00 1010	blie nome
4. SLEEP I (No. & M	ROOMS	ě	a. Dom	nitory Type							
Length		-		3	4	1	b.	Family Ty			
Width		14'10	11'.9	16.2				3		4	ES USE ONLY 5. CAPACITY
Ceiling He		11.3	11.3	11.3					+		(Adults) 11 6. REGULATIONS COMPLIANCE
Square Fe		-	8	8	•				\forall		Water Yes No
No. of Roo									\top		Floatricit
No. of Bed Single		-							+		Site
No. of Beds	s or			1					+		
7 FACILITIES	ible	2	2	1				+	+		Screening
7. FACILITIES Flush Toilets	Privy	f each)							\perp		Heating
2	Filty		Urina	ils	La	av. or Was	hbasins	Shower	hoad		
Bathtubs							-	2	neau;	s	1
Datitions	Movable	Bathtubs	Laund	fry machin	es Fix	ked laundry	tuba				
						iod iddildis	rubs	Movable tubs	laund	dry	
Cook Stoves	Refrigerat	ors	Garba	ge contain	em Fi-					- 1	1
1	1		1	o		st-aid Kits		Fire Extin (No. & typ	guish	ners	1
8. COMMENTS					1			2 Kid			
Smoke/Ca	rbon Mor	noxide I	Detec	toro 4							
			30160	10154							
New quality	/ built cor	netructio	0 m								*
		וויטטווטנון	JII								
											1
9. EMPLOYER'S C	ERTIFICAT	ION:									
the housing day	THATINAV	e reviewe	d the h	ousina rea	ulations	-64L					aining and Employment Service, and that
office and/or Emp	loyment and	⊠ mee Training	ts 🔲	does not n	neet suci	h standard	Depart	ment of La	abor,	U.S. Tra	aining and Employment Service, and the
office and/or Emp	6 //	,	, tarriirii	stration reg					sing a	epresenta at any re	aining and Employment Service, and that attemptors at the State Employment Service assonable time.
1 /Na	elel					yped Nam	e and 1	ive		,	City Date
O. HOUSING INSPI	ECTED BY:	Joyce H	lahn			In	Wa	scho	A.S.	rach	Fergers 1+17 17
gnature of Authorize	//	1			T	ped Name					7
APPROVAL! HO		1			- 1	laves 1		FIC O			Date
nature of Authorize	using approv	ed for occ	cupanc	by worke	rs recruit	Joyce F	to	I-LC C	orc	inator	1-17-17
10120	u Oπicial	11			Тур	ped Name	and Titl	P			11 1 - 1
7/1	elv					Joyce H	ahn.	FLC Co	ord	inatar	Date
•							,		oru	mator	11-17-17

U.S. Depar	rtment of	f Labor, 1	Employn	nent and Tr	raining	Administrati	on	1. EMP	LOYER'S	Form Approved Budget Bureau No. 44-R135 NAME AND ADDRESS
EMPL	LOYER	R FURN	ISHED	CIVI DEKI	VICE NG AI	ND FACILI		Alev 183	velt Co	ncrete, Inc. ntv Hwy D-20
2. HOUSING		TION								
1110 6 th	h Stree	t Lot#	3					1		CRIPTION
Bethany	y, MO	64424						16 X	80 Mo	bile Home
4. SLEEP RO	OMS		a. Dorr	nitory Type						
(No. & Meas	sure)	1	2	3	4	1	D. F	amily Type	4	ES USE ONLY
Width		13'6	13'6	13'6					4	5. CAPACITY
Ceiling Heig	- ht	11'6	11'6	11'6						6. REGULATIONS COMPLIANCE
Square Feet		8	8	8						(x proper box) Yes No
No. of Room										
Single No. of Beds										
Bunks, Doub	le	2	2	2				+		Screening
7. FACILITIES	(Number	r of each)								Heating 🔲 🗍
Flush Toilets	Privy		Uri	nals		Lav. or Was	hhasin-	lo:		
2						-uv. or vvasi	ibasins	Showerhea	ads	
Bathtubs	Movab	le Bathtu	bs Lau	ndry mach	noo	F: 11		2		1
				macy macy	1162	Fixed laundry	/ tubs	Movable la tubs	undry	
Cook Stoves	Refrige	rators	Garl	2000				100000000000000000000000000000000000000		
1	1		1	page conta	iners	First-aid Kits		Fire Extingu (No. & type)	ishers	
B. COMMENTS						1		2 Kiddi		1
Smoke/Car	rb 8 /									
New quality				ectors	4					
EMPLOYER'S C I CERTIFY the housing desc office and/or Emp	Y THAT	have re	viewed the	e housing	regulat	ions of the U.	S. Depa	rtment of La	bor, U.S.	Training and Employment Service, and that entatives of the State Employment Service
mployer's Signatur	re /		/ Aur	ministration	region	al office to ins	pect the	above hous	ing at an	Training and Employment Service, and that entatives of the State Employment Service y reasonable time.
5-20	Mas	the	_			RL	//	es chem	, 1	Site Date
HOUSING INSE	PECTED	BY:	1			Uy lan	00	es chem	nice	Superisor 1-24-17
202	zeu Oπic		1			Typed Na				Dete
APPROVAL: /H	Ousing a	DDroved :	in			Joyce	Hahi	n, FLC Co	oordina	Date Date
APPROVAL: /H	ed Officia	al,	or occup	ancy by wo	orkers	recruited inter	state.			11-24-11
Hay.	*	41				Typed Nan				Date
11/1		Jun				Joyce	Hahr	, FLC Co	ordina	tor 1-24-17

II C Deport										Ru	idget Bureau No. 44-I
U.S. TRAIN	ment of Labor, IING AND EN	Emplo	Oyment	and Tra	ining A	Administrati	on	1		NAME AND ADDRESS	-go: Daroda 110. 44-1
								Alew	elt Con	icrete, Inc.	
	OYER FUR		ED HC tructions			D FACILI	TIES	1835 Alde	58 Cour n, IA 5	nty Hwy D-20	
2. HOUSING	LOCATION										
1110 6 th	Street Lot	#7						ı		CRIPTION	
Bethany	, MO 6442	4						16 X	80 Mol	oile Home	
4. SLEEP ROC (No. & Meas	OMS		Dormito	гу Туре			b. Fa	mily Type			
Length	13'6		2	3	4	1	2	3	4	ES USE	ONLY
	136	13	3'6	13'6						5. CAPACITY (Adults) 1:	2
Width	11'6	11	1'6	11'6						6. REGULATIONS COM	PLIANCE
Ceiling Heig	ht 8	8	8	8				1	 	("x" proper box) Water	Yes I
Square Feet						+	_		-		
No. of Room	s	1			-			-	ļ	Electricity	
No. of Beds,		+								Site	\boxtimes [
No. of Beds of	or	-								Screening	
Bunks, Doub	le 2	2		2						Heating	
7. FACILITIES	(Number of ea	ch)									
Flush Toilets	Privy		Urinal	s		Lav. or Wa	shbasins	Showerhe	eads		
2								2			
Bathtubs	Movable Ba	thtubs	Laund	ry mach	ines	Fixed laund	In tube				
i				,		1 ixed laulic	iry tubs	Movable I tubs	aundry		
Cook Stoves	Refrigerators										
1	1	•		ge conta	ainers	First-aid Kit	S	Fire Exting	guishers		
	'		1			1		2 Kide			
8. COMMENTS											
Smoke/Ca	rbon Mond	xide	Detec	ctors	-4						
New qualit	y built cons	struct	ion								
1											
9. EMPLOYER'S	CERTIFICATI	ON									
I CERTII	FY THAT I hav	e revie	wed the	housing	a reaul	ations of the	IIS Den	artmont of	l ab 11 6	6. Training and Employment	
the housing des	scribed herein	⊠ m	eets [does	not me	et such stan	dards. I he	ereby author	capor, U.S orize repre	S. Training and Employment esentatives of the State Employment	t Service, and that
Empleyer's Signat	ure /	11411111	ig Admi	nistratio	n regio		opoot til	c above iii	ousing at a	esentatives of the State Employ reasonable time.	Sioyment dervice
4- 1	1.1.11					Турец	Name an	d little	/ /	site	Date
10. HOUSING IN	SPECTED BY:					DY,	an C	rasch	Popla	h Supervisor	1-20-17
Signature of Autho		1				Tunad	Mana				
// 611		1					Name and		O		Date
10/	Housing appro	ved for	r occurs	anov h	we =!	309	oc mar	n, FLC	Coordii	ator	1-20-17
Signature of Author	rized Official	/ / / /	occupa	aricy by	worker		nterstate. Name and	T:AL-			,
How	Han	/				1		n, FLC	Coord:	l l	Date
17	- Vest					СОУ	- Tiali	ii, i LO	Coordin	lator	20-17

1358

II C Dans											D	orm Approved Judget Bureau No.	44.04
U.S. Depa U.S. TRAI	A	IAD EIAH	PLU :	ME	NISERV	ICE	Administra		Alew	elt Coi	NAME AND ADDRESS TO Crete, Inc. Inty Hwy D-20	doger Bureau NO.	44-K1
		(Se	ee Insi	ructio	ons on Reve	erse)	ID I AOII	LITILO	Alder	1, IA 5	60006		
2. HOUSING									3. HOUSI	NG DES	CRIPTION		
1110 6	h Stree	t Lot #	‡ 6						1		bile Home		
Bethan	y, MO	64424							10 X	OU WIO	bile Home		
4. SLEEP RO	OOMS		a. I	Dorm	itory Type			, b. F.					
(No. & Mea	isure)	1		2	3	4	1	2	amily Type	4	ES USE	ONLY	
Length		13'6	13	3'6	13'6						5. CAPACITY (Adults) 1	2	
Width		11'6	11	'6	11'6						6. REGULATIONS COM		
Ceiling Hei	ght	8	8	1	8						("x" proper box) Water	Yes	No
Square Fee	et												느
No. of Roor	ns								,		Electricity		L
No. of Beds Single	,			-			-				Site		
No. of Beds	or	2	2	-			-				Screening	\boxtimes	
Bunks, Doul 7. FACILITIES			_		2						Heating	\boxtimes	
Flush Toilets	Privy	r or each)	Urin	a la		Τ.						
2	,			Oili	iais		Lav. or W	ashbasins/	Showerhea	ids			
Bathtubs	14	LL D 11.							2				
Datituds	Ivioval	ble Batht	ubs	Lau	ndry mach	ines	Fixed laur	ndry tubs	Movable la	undry			
0 1 0									1003	- 1			
Cook Stoves		erators		Garb	age conta	iners	First-aid K	its	Fire Extingu	ishers			
1	1			1			1		(No. & type) 2 Kiddi				
8. COMMENTS									2 Mag				
Smoke/Ca	arbon N	Monoxi	ide I	Dete	ectors	-4							
New qualit	ty built	constr	ucti	on									
				0.,									
1													
													- 1
9. EMPLOYER'S	CERTIF	ICATION	V:										\perp
the housing de	IFY THAT	I have r	eviev	ved t	he housing	regula	ations of the	e U.S. Dep	artment of La	abor, U.S	Training and Employmen	t Service and th	nat
office and/or E	mployme	nt and Ti	rainin	g Adı	∟ does ministratio	not me n regio	et such sta nal office to	ndards. I h	ereby author	ize repre	 Training and Employmen sentatives of the State Em ny reasonable time. 	ployment Service	e
Employer's Signa	ture	/					Туре	d Name an	d Title	only at a	e: Lo	Date	-
15-311	Vague	·k_					35	inoll	laschen 1	ach	5110	1211	7
10. HOUSING IN									.,, .,		JUSTICA SIN	1271	
Signature of Author	orized Off	icial	,				1 200	Name and	NO. (0.50/FMF)			Date	\dashv
1000	~/	Toh							n, FLC C	coodina	ator	1-24-17	
11. APPROVAL: Signature of Autho	Housing	approve	d for	осси	pancy by	worker	recruited	interstate.				1211	\dashv
Signature OVAUTIO	rized Off	cial		_				Name and				Date	-
- juje	. /	/ / / ~					Jo	yce Hah	n, FLC C	oordin	ator	1-24-17	

IIS Departs	mant - f	т										Form Approved Budget Bureau No. 4	14 D12
U.S. Departs U.S. TRAIN	ment of IING A	Labor, I ND EMI	Emplo PLOY	oyme /MFI	nt and Tra	ining	Administra	ation	- 1		NAME AND ADDRESS	Sudget Buleau No. 2	14-R13
							ID FACII	LITIES	Alev	welt Cor	ncrete, Inc.		
		(Se	ee Insi	ructio	ons on Reve	rse)	ID FACI	LITIES	Alde	en, IA 5	nty Hwy D-20		
2. HOUSING		ION											
1110 6 th	Stree	t Lot #	‡ 2						1	SING DES			
Bethany	, MO	64424							10 X	SO MOI	oile Home		
4. SLEEP ROC	OMS		a .	Dorm	itory Type			h	Family Type				
(No. & Meas	ure)	1	-	2	3	4	1	2		4	ES US	SE ONLY	
		13'6	1:	3'6	13'6						5. CAPACITY (Adults)	12	
Width		11'6	11	1'6	11'6						6. REGULATIONS CO		
Ceiling Heigl	ht	8	8	3	8					1	("x" proper box) Water	Yes	No
Square Feet								-		+			
No. of Rooms	s			-			-	-		-	Electricity	\square	
No. of Beds,	_			-				-			Site	\boxtimes	
No. of Beds of	or	2		\dashv			-				Screening	\boxtimes	П
7. FACILITIES		2	2		2						Heating	\boxtimes	一
Flush Toilets	Privy		1)	Urin	- la								
2	,			Unin	iais		Lav. or W	/ashbasin	s Showerh	eads			
	-								2				
Bathtubs	Mova	ble Bath	tubs	Lau	ndry mach	ines	Fixed lau	ndry tubs	Movable	laundry			
									tubs				
Cook Stoves	Refrig	erators		Gart	age conta	iners	First-aid k	Cits	Fire Extin	quichers			
1	1			1			1		(No. & typ	pe)			
8. COMMENTS									2 Kid	die			- 1
Smoke/Ca	rhon I	Monov	ido	Dot									\neg
		VIOLIOX	iue	Dele	ectors	-4							
Na													
New quality	y built	const	ruct	ion									
EMPLOYER'S	CERTIF	ICATIO	N:										_
the housing des	cribed h	nerein	me	vea ti eets	does	regulation regulation	ations of th	e U.S. De	partment of	Labor, U.S	Training and Employme	ent Service, and the	at
oπice and/or Em mployer's Signatu	ployme	nt and T	rainin	g Adı	ministratio	n regio	nal office to	o inspect	the above he	orize repre ousing at a	sentatives of the State E ny reasonable time.	mployment Service	•
W- TIM							Туре	d Name a	and Title		sife	Date	\dashv
HOUSING ING	Mu	u_					35	ian	Jaschen,	back	Segeniar	1-24.17	7
D. HOUSING INS											2000	1/0/11	\vdash
of to 1:	1260 OI	licial	,				1	d Name a				Date	\dashv
APPROVAL: I	Hours:	104		_			Jo	усе На	hn, FLC	Coodina	ator	1-24-17	
gnature of Authori	ized Off	approve	d for	occu	pancy by v	worker	s recruited					110111	\dashv
dr.	X	tal	_	_				Name a				Date	\dashv
1 uge		,,,					Jo	усе На	hn, FLC	Coordin	ator	11-24-17	

												et Bureau No. 44-R135
U.S. Department U.S. TRAININ	nt of Lab	or, En	nploy	ment	and Trai	ning Ad	ministration	n			AME AND ADDRESS	
											crete, Inc.	
EMPLOY	ER FL				on Rever		FACILIT	IES		, IA 50	ty Hwy D-20 006	
2. HOUSING LC	CATION	1							3. HOUSI	NG DESC	RIPTION	
777 E. Yei	by St.	Lot	86						16 X	80 Mob	ile Home	
Marshall, I									10 /	OO WOD	iic Home	
4. SLEEP ROOM				ormito	гу Туре				nily Type		ES USE	ONLY
(No. & Measure		1 4'10	11'	9	3 16'2	4	1	2	3	4	5. CAPACITY 11	
Width	-	1'3	11'3	-+	11'3						(Adults) 1 1 6. REGULATIONS COMP	
Ceiling Height	-	8	8	+							("x" proper box)	Yes No
Square Feet	-	0		+	8		-				Water	
		_		+			-				Electricity	
No. of Rooms No. of Beds,		_		_							Site	
Single No. of Beds or				1	1						Screening	
Bunks, Double		2	2		1						Heating	
7. FACILITIES (I		of each	1)									
Flush Toilets	Privy			Urina	als		Lav. or Wa	shbasins	Showerh	eads		
2									2			
Bathtubs	Movabl	e Bath	tubs	Laur	ndry mac	nines	Fixed laund	dry tubs	Movable	laundry		
									tubs			
Cook Stoves	Refrige	rators		Garb	age conf	ainers	First-aid Ki	ts	Fire Extin	quishers		
1	1			1			1		(No. & typ	pe)		
8. COMMENTS									2 Kid	iale		
Smoke/Car	rbon M	lono	xide	Det	ectors.	4						
omono, ca	001110	101102	NIGC	Det	COLOIS							
N 1												
New quality	/ built	cons	truct	tion								
. =												
EMPLOYER'S I CERTIF				wed	the hous	na real	lations of th	elis De	nartment o	flahor II	.S. Training and Employmen	at Service, and that
the housing des	scribed h	erein	⊠ m	neets	☐ doe	s not m	eet such sta	indards. I	hereby aut	horize rep	resentatives of the State Em	ployment Service
office and/or En Employer's Signat		nt and	Traini	ing A	dministra	tion reg				housing at	any reasonable time.	T=
Employer's Signat	ure							d Name a	, / .	1,	Site	Date
10. HOUSING IN	SPECTE	D RV					XX	ant	Der 3 Ch	erpa	hasiperisol	1-1-1
Signature of Author	The latter of the	- 0	1				Type	d Name a	nd Title			Date
Loy	Le	the	2						ahn, FLO	C Coord	dinator	1-17-17
11. APPROVAL			oved fo	or occ	cupancy l	y work	ers recruited	Interstate).			
Signature of Author	rized Of	ficial	1					d Name a				Date
Toye	e X	tell	_				Jo	oyce Ha	ahn, FLO	C Coord	dinator	11-17-17
/ /												

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U.S. Depar	tment of	Labor E	mmle		4 100				I. FMD			Budget Bureau No. 44-R1:
U.S. Depar U.S. TRAII	MING AI	ND EMP	LUY	ME	VT SERV	ICE			1		NAME AND ADDRESS	
EMPL	LOYER						D FACI	LITIES	1835	58 Cour	nty Hwy D-20	
2. HOUSING	LOCATI	ON	e insti	ruciio	ns on Reve	rse)				n, IA 5		
605 Eas			ы						1		CRIPTION	
Hamilto	n, MO	o ot. #	7						16 X	80 Mol	oile Home	
4. SLEEP RO (No. & Mea.	OMS	1			itory Type			b. Fa	mily Type			
Length	ourc)	14'10		2 '.9	3	4	1	2	3	4		E ONLY
Width	-				16.2	-					(iddito)	11
		11.3	11		11.3						6. REGULATIONS CON ("x" proper box)	
Ceiling Heig	-	8	8	3	8	9	•				Water	Yes No
Square Fee											Electricity	
No. of Roon				_							Site	
Single No. of Beds	. 1				1						Screening	
Bunks, Doub	ble	2	2		1						Heating	
7. FACILITIES Flush Toilets		of each,)									
2	Privy			Urir	als		Lav. or V	/ashbasins	Showerhe	eads		
									2			
Bathtubs	Movat	ole Bathti	ubs	Lau	ndry mach	ines	Fixed lau	ndry tubs	Movable I	aundry		
									tubs			
Cook Stoves	Refrige	erators		Gart	age conta	ainers	First-aid k	Cits	Fire Exting	uishers		
1	1			1			1		(No. & typ	e)		
8. COMMENTS	3								2 Kido	ale		
Smoke/Ca	arbon N	/lonoxi	de l	Det	ectors	-4						
New qualit	ty built	constr	ucti	ion								
	-y 20111C	00113(1	ucti	011								
9. EMPLOYER'S	CERTIF	ICATION	J.									1
CERTI	IFY THAT	I have s		ved t	ne housing	g regula	ations of th	e U.S. Dep	artment of I	ahor II S	. Training and Employme	
office and/or E	mploymer	erein [≥ nt and Tr	☑ me ainin	ets a Ad	does ministration	not me	et such sta	ndards. I h	ereby author	rize repre	 Training and Employment sentatives of the State En ry reasonable time. 	nt Service, and that
Employer's Signa	ture	11		3 - 1-		ii legio		d Name an		using at a	ny reasonable time.	
5- J/n	aple	/_					BC.	201/		1	Site	Date
10. HOUSING IN			Joyce	e Hat	in			are of	asch	2ASIA	d Fuflers	1-11-17
Signature of Author	orized Offi	icial//	,				Туре	d Name and	Title			Date
	1ce/	140	_				Jo	yce Har		Coordir	ator	Date
11. APPROVAL	Housing	approve	d for	occu	pancy by	worker	recruited	interstate.				1-11-11
Signature of Autho	orized Office	cial /	1	/			Турес	Name and				Date
100	The	(Hz		_			Jo	yce Hah	n, FLC (Coordin	ator	1-17-17
6 /												1-1-11

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and the same											Form Approved	
U.S. Departm U.S. TRAINI	nent of Labor, NG AND EM	Emplo PLOY	yment MENT	and Train	ning A	dministratio	on	1		NAME AND ADDRESS	Budget Bureau No.	44-R13
	YER FURI					D EACH I	T.E.O.	Alew	elt Con	crete, Inc.		
				on Revers		PACILI	HES	Alde	n, IA 5	nty Hwy D-20 0006		
2. HOUSING L										CRIPTION		
430 Paul										oile Home		
Wayland,	MO 6347	2						10%	OO IVIOL	one Home		
4. SLEEP ROO	MS	a. [Dormito	ry Tyne			b 5-			_		
(No. & Measu			2	3	4	1	D. Fa	mily Type 3	4	ES US	SE ONLY	
Length	13'6	13	3'6	13'6						5. CAPACITY (Adults)	11	
Width	11'6	11	1'6	11'6				1		6. REGULATIONS CO	OMPLIANCE	
Ceiling Heigh	t 8	8	3	8				1		("x" proper box) Water	Yes	
Square Feet	158	15	58	158			-		-	Electricity		
No. of Rooms					-0.00	1						
No. of Beds, Single			+	1				-		Site		Ц
No. of Beds o		2	-							Screening	\boxtimes	
7. FACILITIES (8			1						Heating	\boxtimes	
Flush Toilets	Privy	cn)	Urinal	-								
2			Official	5		Lav. or Wa	shbasins	Showerhe	eads			
Bathtubs	Movable Bat							2				
	Movable Bat	ntubs	Laund	ry machir	ies	Fixed laund	Iry tubs	Movable la	aundry			
Cook Stoves	-							1400				
1	Refrigerators			ge contai	ners	First-aid Kits	S	Fire Exting	uishers			
	1		1			1		(No. & type 2 Kide				
8. COMMENTS												
Smoke/Car	rbon Mono	xide	Detec	ctors	4							
New quality	built cons	struct	ion									
-												
. EMPLOYER'S	CERTIFICATION	ON:										
I CERTIF	Y THAT I have cribed herein	e review	wed the	housing	regula	tions of the	U.S. Dep	artment of	Labor, U.S	6. Training and Employm	ent Service and t	that
office and/or Em	ployment and	Trainir	ng Admi	_ does n inistration	ot med region	et such stand nal office to	dards. I h inspect th	ereby authore	orize repre	 Training and Employmesentatives of the State Internation Training and Employmentation Training and Employmentation<td>Employment Service</td><td>ce</td>	Employment Service	ce
mployer's Signatu	ire //					Typed	Name an	d Title	doing at a	iny reasonable time.	Date	-
The	refer	_				Dria	en /s	Jagho	Made	1 5 mais	1-21/1-	7
0. HOUSING INS		,							7-20	Supre So	124-11	-
gnature of Author	///	1				Typed	Name and	d Title			Date	-
fag a	-//					Joy	ce Hal	nn, FLC	Coordii	nator	1-24-1-	1
. APPROVAL: I	Housing appro	ved for	roccupa	ancy by w	orkers						110711	\dashv
S. arai G. Ol Mutholi	IZEG UTICIAI	/				1	Name and				Date	
Toyce	TOL					Joy	ce Har	n, FLC	Coordir	nator	1-24-1-	7
. /											101	

			019 (Dec 100 Dec 100 Dec								Rudo	et Bureau No. 44	1-R135
U.S. Departme U.S. TRAININ	nt of I	Labor, Er	nploy	ment a	nd Train	ning A	lministratio	n	3.50 00-2000.5000.000		AME AND ADDRESS	et Duleau No. 44	4-1(100
EMPLOY							EACILI	TIEC			crete, Inc. by Hwy D-20		
2.00					on Revers		FACILI	IIES		i, IA 50			
2. HOUSING LO	CATI	ION				<u> </u>	- 		3. HOUSIN	NG DESC	RIPTION		-
Stone Mol									16 X 8	80 Mob	ile Home		
533 W. St. Monroe Ci									ID# 3	152			
4. SLEEP ROOM				ormitor	v Tyne			h Far	nily Type	100			
(No. & Measure		1	2		3	4	1	2	3	4	ES USE	ONLY	
Length	_	13'6"	13'6	6"	13'6"						5. CAPACITY 11 (Adults)		
Width		11"6	11'	6	11'6						6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No
Ceiling Height		8	8		8						Water	\boxtimes	
Square Feet		158	158	В	158						Electricity		$\overline{\Box}$
No. of Rooms											Site		〒
No. of Beds, Single					1						Screening	\boxtimes	一
No. of Beds or	of Beds or 2 2 1										Heating		님
	LITIES (Number of each)										ricating		Ш
Flush Toilets	Privy			Urinal	s		Lav. or Wa	ashbasins	Showerhe	eads			
2									2				
Bathtubs	Mova	able Bath	tubs	Laund	iry mach	ines	Fixed laun	dry tubs	Movable I	aundry			
2					•			,	tubs	au.iu.y	15		
Cook Stoves	Refri	gerators		Garba	ge conta	ainers	First-aid K	its	Fire Exting	nuishers			
1	1			1	J		1		(No. & typ	ne)			
8. COMMENTS									2 kido	die			
Smoke and	d Car	rbon M	ono	xide l	Detect	ors	4						
					-0.00	.0.0	•						
City trash p	oicku	ıp 2x a	wee	ek									
Local laund	dry m	nat											
New quality	, bui	lt cone	truct	ion									
rece quality	y bui	it cons	liuci	1011									
9. EMPLOYER'S													
I CERTIF the housing des	FY TH.	AT I have d herein	revie	ewed th	e housir	ng regu s not me	lations of the	ie U.S. Dej andards, Li	partment of	f Labor, U.	S. Training and Employmen resentatives of the State Em	t Service, and	that
oπice and/or En	nployn	ment and	Traini	ing Adn	ninistrati	on regi	onal office t	to inspect t	he above h	nousing at	any reasonable time.	pioyinent Servi	ice
Employer's Signat	ure	11					Туре	d Name a	nd Title	, ,	51te	Date	7.7
10. HOUSING INS	SDEC	TED BY:					-0/	ian (Jach	crown	a Superisor	1/2	5-11
Signature of Autho	AS DESCRIPTION						Type	ed Name a	nd Title			Date	
(fai)		Ha	1						hn, FLC	Coord	inator	1-23-17	7
11. APPROVAL:	Hous	ing appro	ved fo	or occu	pancy b	y worke	ers recruited	interstate				1 1	
Signature of Autho	rized	Official	,					d Name a				Date	7
Yajı	e 1	NE	1_	_			Je	эусе На	hn, FLC	Coord	inator	1-23-1	1

II.C. D										Bue	dget Bureau No. 4	4-R13
U.S. Departm U.S. TRAINI	ent of La	abor, Emp DEMPLC	loyn YM]	nent and Tra ENT SERV	iining A ICE	dministrati	ion	1		NAME AND ADDRESS		
				HOUSIN		D FACILI	ITIES	2520	4 E. Bl	ain Farm, LLC ue Valley Rd.		
		(See In		tions on Reve				Indep	penden	ce, MO 64058		
2. HOUSING L		N						3. HOUSII	NG DESC	CRIPTION		
48532 Hv Hardin, M		35						Farm	House			
4. SLEEP ROO	MS	a.	Dor	mitory Type			b. Fa	mily Type				
(No. & Measu Length		1	2	3	4	1	2	3	4	ES USE	ONLY	
		15'4	15'4	15'4	15'4					5. CAPACITY (Adults)		
Width		13'6	12'5	13'5	13'6					6. REGULATIONS COMI ("x" proper box)	PLIANCE Yes	No
Ceiling Heigh	t	9	9	9	9					Water		
Square Feet	- 2	207	190	206	207					Electricity		一
No. of Rooms		1	1	1	1					Site		一一
No. of Beds, Single		1	1	1	1					Screening		一
No. of Beds of Bunks, Double	9									Heating		一
7. FACILITIES (_	of each)										
Flush Toilets	Privy		U	Irinals		Lav. or Wa	ashbasins	Showerhe	eads			
1						1		1				
Bathtubs	Movabl	e Bathtub	s L	aundry mac	nines	Fixed laun	dry tubs	Movable la	aundry			
_ 1				1				tubs				
Cook Stoves	Refrige	rators	G	arbage cont	ainers	First-aid K	its	Fire Exting	uishers			
1	1			2		2		(No. & type	e)			
8. COMMENTS												
ETA Regs	used f	or insp	ectio	on.								
Propane ga	as for I	neating										
9. EMPLOYER'S	CERTIFI	CATION:										
I CERTIF	Y THAT	I have rev	viewe	d the housi	ng regul	ations of the	e U.S. Der	artment of	Labor, U.	S. Training and Employmen	t Service, and ti	hat
office and/or Em	icribed ne iploymer	erein 🔼 nt and Tra	mee inina	ts does Administrati	not me	et such sta	ndards. I h	ereby author	orize repr	S. Training and Employmen esentatives of the State Em any reasonable time.	ployment Service	ce
Employer's Signati	we 2		7			Туре	d Name ar	nd Title	Justing at	any reasonable time.	Date	\dashv
Cura	fr.	1	J			10	rist	0/1	m.	1 Fig. m	14-15-1	1
10. HOUSING INS		and the second of the second	yce I	Hahn			401			1 Ostice mai	7151	4
Signature of Author	rized Offi	gray				Туре	d Name an	d Title			Date	\dashv
Jugo	e D	You						hn, Prog	ram Co	oordinator	4-15-16	
1. ARPROVAL:	Housing	approved	for o	ccupancy by	worker						11017	\dashv
Signature of Author	izea Offi					55.00	Name an				Date	
Jone	N	WH				Jo	yce Hal	nn, Prog	ram Co	ordinator	4-15-16	

U.S. Department U.S. TRAINING EMPLOYI	of Labor, Em AND EMPL	OYMI	ENT SERV	ICE		1	Brend 6901	a Benn Oakland	me and address er Stables, Inc d Gravel Rd D 65202		
	(See	Instruc	tions on Reve	erse)			M382332247133171				
2. HOUSING LOC	CATION		301.00	200			3. HOUSIN	G DESCF	RIPTION		
Same as A	bove						Apartr	nent ad	jacent to Stables		
						<u> </u>	ile Toma				
SLEEP ROOMS (No. & Measure)		a. Do	rmitory Typ	4	1	p. Fan	nily Type	4	ES USE C	NLY	
Length					11'				5. CAPACITY 1 (Adults) 1	IANOF	
Width					12'				6. REGULATIONS COMPL ("x" proper box)	Yes	No
Ceiling Height					8'				Water		Ц
Square Feet					242'				Electricity		
No. of Rooms					1				Site		
No. of Beds, Single									Screening		Ш
No. of Beds or Bunks, Double				1				Heating			
7. FACILITIES (A	lumber of eacl	h)									
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerh	eads			
1							1				
Bathtubs	Movable Bath	ntubs	Laundry m	achines	Fixed laun	dry tubs	Movable tubs	laundry			
1			1				lubs				
Cook Stoves	Refrigerators		Garbage c	ontainers	First-aid K	iits	Fire Extir				
	1		1		1		1 ab				
8. COMMENTS											
9. EMPLOYER'S	CERTIFICAT	ION:	ewed the h	usina rea	ulations of t	he U.S. Do	epartment	of Labor. l	J.S. Training and Employme	nt Service, and	d that
the housing de	scribed herein	⊠r	neets	does not r	neet such s	tandards.	I hereby au	thorize re	presentatives of the State En at any reasonable time.	nployment Ser	vice
Employer's Signar		u IIaii	ing Authini	Stration 16		ed Name		nodomy o		Date	
1	1 0-	uni	4		1	Brenda	Benner,	Presid	ent	11/20/	16
10. HOUSING IN	SPECTED BY	: Jo	yce Hahn		1						
Signature of Author	orized Official	1	/			oed Name		oaram (Coordinator	Date 11/20/	16
(100)	ie to	1		<u> </u>				ografii		11/20/	
11. APPROVAL:	Housing app	11	for occupar	cy by wor		ed intersta oed Name				Date	
Signature of Auth	///	/						ogram (Coordinator	11/20/	16
(fly)	UNTO	1						-5.0			

									Budget B	Bureau No. 4	4-R13
U.S. Departme U.S. TRAININ	ent of Labor, ING AND EM	Emplo: PLOY	yment and Ti MENT SERV	aining A /ICE	dministratio	n	1		IAME AND ADDRESS Heirloom Seed Compa		4-1(13)
EMPLO	YER FURN		D HOUSII		D FACILIT	TES	2278	Baker	Creek Road 10 65704	any	
2. HOUSING L							3. HOUSII	NG DESC	RIPTION		
2975 Spa	rks Rd.										
Norwood,	MO 6571	7					Sirigit	e ramii	y Home		
4. SLEEP ROOM			ormitory Typ	е		b. Fa	mily Type		T		
(No. & Measur	re) 1	2	2 3	4	1	2	3	4	ES USE ON	LY	
		-	_	-					5. CAPACITY (Adults)		
Width		-							6. REGULATIONS COMPLIAN ("x" proper box)	NCE Yes	No
Ceiling Height	t								Water	4	
Square Feet									Electricity	X	
No. of Rooms									Site	K	
No. of Beds, Single	Single No. of Beds or								Screening	R	$\overline{\sqcap}$
Bunks, Double									Heating	THE REST	一
7. FACILITIES (I	Number of eac	ch)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads			
/							/	/			
Bathtubs	thtubs Movable Bathtubs Laundry machines Fix					Iry tubs	Movable I	aundry			
			/				tubs				
Cook Stoves	Refrigerators	6	Garbage co	ntainers	First-aid Kit	S	Fire Exting	guishers			
1	1		1		1		(No. & typ				
8. COMMENTS			·		(
EMPLOYED:											
. EMPLOYER'S	Y THAT I hav	e revie	wed the hous	sina reau	lations of the	II S Dor	ortmont of	Labor II	S. Training and Employment Se		
										rvice, and t ment Servi	that ice
mployer's Signate	pio fillione dine	Iraini	ng Administra	tion regi	onal office to	inspect t	ne above n	ousing at	any reasonable time.		
Λ	CA ()	oni	olli		A	Name a	T DO	11157	u HR /		
0. HOUSING INS	SPECTED BY	: Jov	ce Hahn		311	MICCL	e DK	INLU	U IIN	22010	-
ignature of Author		,	/		Typed	Name ar	nd Title		Date		\dashv
40	2110	He	1		1			gram Co	pordinator) 70-	,,
1. APPROVAL:	Housing appr	oved fo	or occupancy	by worke					10	207	6
gnature of Author	rized Official	/	,			Name an			Date)	\dashv
for	well	al			Jo	yce Ha	hn, Prog	ram Co	pordinator	2-20-1	16
									vVI		

					11:	_			Budget	Bureau No. 44	-R1358
U.S. Departmer					lministration	n	1. EMPLO	OYER'S N	AME AND ADDRESS		
U.S. TRAINING	G AND EMP	LOYN	IENT SERV	CE			22.53		rseries, Inc.		
EMPLOY	ER FURN	ISHE	D HOUSIN	G AND	FACILIT	IES	Harris	sonville,	Missouri		
	(Se	e Instru	ctions on Reve	rse)							
2. HOUSING LO	CATION						3. HOUSII	NG DESC	RIPTION		
28615 SE	Outer roa	d					Large	Barn I	ike Structure with indi	vidual	
Harrisonvil		E81							s/Barracks Style	viduai	
								3			
4. SLEEP ROOM	IS	a. Do	ormitory Type		Т	b Fai	mily Type				
(No. & Measure	9) 1	2	3	4	1	2	3	4	ES USE O	NLY	
Length	15'	15	15'	15'	15'	15'	15'	15'	5. CAPACITY 40		
Width	18'	18	18	18	18	18	18	18	6. REGULATIONS COMPLIA ("x" proper box)	ANCE Yes	No
Ceiling Height									Water	\boxtimes	
Square Feet	270	270	270	270	270	270	270	270	Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds, Single									Screening	\boxtimes	
No. of Beds or Bunks, Double		2	2	2	2	2	2	2	Heating	\boxtimes	
7. FACILITIES (A	Number of eac	:h)						-			
Flush Toilets											
4							4				
D-H-L-	14 14 5 41 14 14 14 14 14				3						
Bathtubs	Movable Bat	ntubs	Laundry mad	chines	Fixed laund	dry tubs	Movable tubs	laundry			
			2								
Cook Stoves	Refrigerators	;	Garbage cor	tainers	First-aid Ki	ts	Fire Extin	guishers			
3	3		3		1		(No. & typ	pe)			
					'		2 AB	C Dry			
8. COMMENTS											
4 Workers	per pod										
3 Tables											
2 Microway											
2 Fire Extin Smoke alar		h no	4								
Large porta				ed to c	ool whole	area					
3 · p · · · ·					oor whore	Jaroa					
9. EMPLOYER'S											
I CERTIF	Y THAT I hav	e revie	ewed the hous	sing regu	lations of th	e U.S. De	partment o	f Labor, U	.S. Training and Employment	Service, and	that
office and/or En	scribed nerein nplovment and	n ⊠ Train	neets 💹 do ina Administra	es not m	eet such sta ional office t	andards. I o inspect	hereby aut	horize rep	resentatives of the State Empl any reasonable time.	oyment Serv	rice
Employer's Signat						d Name a		lousing at		Date	
(4. 0.	, UP					1.	0.,	Nim		11 1 1	0
10. HOUSING INS	SPECTED BY	W.				lle	New	Une	ctor of HR	11-6-1	8
Signature of Author					Type	d Name a	and Title		T _F	N-4-	
Class	. He	1_	-		1,700	DIALO	Jah.	Eli	(()	Date	0
- A	Housing appr	roved f	or occupancy	by works	ers recruited	interstate	e.	111	coord	116-1	4
Signature of Autho						d Name			Ir	Date	
()	Hal				X	2 1	. \	t,	C ()	1 / .	2
The same	- The		***************************************			guet	anh	+ 1-1	- (00 rd	1-6-1	8

									Budget B	ureau No. 44	I-R1358
U.S. Departmen	nt of Labor,	Employ	ment and Trai	ning Ac	lministration	1			AME AND ADDRESS		
U.S. TRAININ									rseries, Inc.		
EMPLOY			D HOUSING actions on Rever		FACILIT	IES	Harris	sonville,	, Missouri		
2. HOUSING LO							3. HOUSIN	NG DESCI	RIPTION		-
28615 SE	Outer ros	he								i ali i ali	
Harrisonvi		au							ike Structure with indiv s/Barracks Style	iduai	
4. SLEEP ROOM			ormitory Type				nily Type		ES USE ON	I Y	
(No. & Measure	9) 1	15		4	1	2	3	4	5. CAPACITY 40		
Width	18'	18			+				(Adults) 40 6. REGULATIONS COMPLIA	NCE	
Ceiling Height		+	<i>'</i>						("x" proper box)	Yes	No
Square Feet	270	270	0						Water		
No. of Rooms	270	211							Electricity		<u> </u>
No. of Beds,	-	-					ļ		Site		
Single No. of Beds or									Screening		\perp
Bunks, Double	2							Heating		Ш	
7. FACILITIES (I		ach)	I								
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads			
4					3		3				
Bathtubs	Movable Ba	athtubs	Laundry mac	hines	Fixed laund	ry tubs	Movable I	aundry			
			2				tubs				
Cook Stoves	Refrigerator	rs	Garbage con	tainers	First-aid Kit	S	Fire Extin				
2	2		1		2		(No. & typ 2 AB	C Dry			
8. COMMENTS											
4 Workers	per pod										
3 Tables											
2 Microway											
2 Fire Extin											
Smoke alar				1.							
Large porta	able AC tr	nat co	uid be use	a to c	ool whole	area					
9. EMPLOYER'S											_
I CERTIF	THAT I ha	ave revie	ewed the hous	ing regu	lations of the	U.S. De	partment o	f Labor, U	.S. Training and Employment S	ervice, and	that
office and/or En	nployment ar	nd Train	ing Administra	tion reg	ional office to	inspect	the above I	norize rep nousina at	resentatives of the State Emplo	yment Serv	rice
Employer's Signat		0				d Name a				ate	
	lle	Ro	(4)		Ju	lip	Relat	Di	ector of HR 11	-10-18	
10. HOUSING IN	SPECTED B	Y: ,				9110				<i>w</i> (a	
Signature of Author	orized Officia	ļ, /			Турес	Name a	nd Title	1) (Da	ite	
40	1cex	ta				100	468	Han	2 Program Coll	1-6-17	3
11. APPROVAL: / Signature of Author			or occupancy	by work			7		0		
Signature of rutillo	, d	26			ypeo	d Name a		. (Da	te	,
Jage Ham Doyce H									rogram Co.	1-6-1X	<u> </u>

										Budget Bureau	No 44	D1359
U.S. Departme	ent of Labor, I	Employ	yment and T	aining A	dministratio	n			AME AND ADDRESS	Dudget Duleau	140. 44	-1(1336
U.S. TRAININ							Bela	Flor Nu	rseries, Inc.			
EMIPLO	YER FURN		uctions on Rev		D FACILIT	IES	Harris	sonville	, Missouri			
2. HOUSING LO		ee man	uctions on Rev	erse)			3 HOHEI	NO DEGO	DIDTION			
28615 SE		ad					3. HOUSII					
Harrisonvi		ıu							ike Structure with s/Barracks Style	individua	al	
4. SLEEP ROOM		a. C	Dormitory Typ	e		h Fai	mily Type					
(No. & Measur	e) 1	2		4	1	2	3	4	510000 05000	SE ONLY		
Length	15'	15	5'						5. CAPACITY (Adults)	40		
Width	18'	18	В						6. REGULATIONS CO		Yes	No
Ceiling Height									Water		\boxtimes	
Square Feet	270	27	0						Electricity		$\overline{\boxtimes}$	$\overline{\Box}$
No. of Rooms									Site		\boxtimes	
No. of Beds, Single									Screening		\boxtimes	$\overline{\Box}$
No. of Beds or Bunks, Double 2 2 7. FACILITIES (Number of each)									Heating		$\overline{\boxtimes}$	$\overline{\Box}$
		ch)										
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	ads				
4					3		3					
Bathtubs	Movable Bat	thtubs Laundry machines Fixe			Fixed laund	Iry tubs	Movable la	aundry				
			2				tubs					
Cook Stoves	Refrigerators	3	Garbage co	ntainers	First-aid Kit	s	Fire Exting					
2	2		1		2		(No. & typ					
8. COMMENTS												
4 Workers	per pod											
3 Tables 2 Microway	.00											
2 Fire Extin												- 1
Smoke alar	ms in eac	h pod	d									
Large porta	ble AC tha	at co	uld be use	ed to c	ool whole	area						
9. EMPLOYER'S												_
I CERTIF	Y THAT I hav	e revie	ewed the hou	sing regu	lations of the	U.S. Dep	partment of	Labor, U.S	S. Training and Employr	nent Service,	and t	hat
	proymont uno	Traini	ng Administr	ation regi	onal office to	inspect t	he above h	orize repre ousing at a	 Fraining and Employr esentatives of the State any reasonable time. 	Employment	Servi	æ
Employer's Signatu	ure / \					Name a				Date		
	460	ec.			Mis	sty 6	Welch	r t	Rmanager	11-16.	-16	
0. HOUSING INS		Joy	ce Hahn			J			J		. (
/-/		4				Name ar		rom Ca	ordinator	Date		
1. APPROVAL:	Housing appro	oved fo	or occupancy	hu work			iii, Fiog	grain CC	oordinator	11-16-	16	
signature of Author	ized Official	100 10	л оссирансу	by Worke		Name an	ıd Title			D-4-		
(Inne	for	4	_					ıram Co	oordinator	Date		
7 446	To-					,	.,9	,		11-16	-14	

									Ruc	not Puronu No. 44 D125
U.S. Departme	ent of Labor, E	mploy	ment and Tr	aining A	dministratio	n	1. EMPLO	OYER'S N	AME AND ADDRESS	iget Bureau No. 44-R135
U.S. TRAININ									rseries, Inc. , Missouri	
EIVIPLO	YER FURN		D HOUSII uctions on Rev		D FACILI1	TIES	Папт	SOLIVILLE	, IVIISSOUTI	
2. HOUSING LO		C Tristi t	actions on Nev				3. HOUSI	NG DESC	PIDTION	
	Outer roa	Н								and the state of the
Harrisonvi	하	ŭ							ike Structure with in s/Barracks Style	idividual
4. SLEEP ROOM			ormitory Typ			b. Far	nily Type		ES USE	ONLY
(No. & Measur Length	re) 1 15'	15		4	1	2	3	4	5 CAPACITY	
				15'	15'	15'	15'	15'	(Adults) 4.	
Width	18'	18	3 18	18	18	18	18	18	("x" proper box)	Yes No
Ceiling Height								ν.	Water	
Square Feet	270	27	0 270	270	270	270	270	270	Electricity	\boxtimes
No. of Rooms									Site	\boxtimes
No. of Beds, Single									Screening	\boxtimes \square
No. of Beds or Bunks, Double		2	2	2	2	2	2	2	Heating	\square
7. FACILITIES (I	Number of eac	:h)								
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads		
4				3		4				
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laune	dry tubs	Movable I	laundry		
			2				tubs			
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid Ki	ts	Fire Extin			
3	3		3		1		(No. & typ	c Dry		
8. COMMENTS				-1			2710	Obly		
4 Workers 3 Tables 2 Microway 2 Fire Extir Smoke alar Large porta	ves nquishers rms in eac			ed to c	ool whole	e area				
9. EMPLOYER'S	CERTIFICATI	ON:								
I CERTIF	FY THAT I hav	e revie	ewed the hou	sing regu	lations of th	e U.S. De	partment of	f Labor, U	S. Training and Employme	ent Service, and that
the housing des office and/or En		n ⊠ Train	neets do ing Administi	es not mation reg	eet such sta ional office t	indards. I o inspect t	hereby auth the above h	horize repl nousing at	resentatives of the State El any reasonable time.	mployment Service
Employer's Signat		/	. /			d Name a		3		Date
11 July	1 W	el	cha		Mi	Sty his	elchi	- HF	Manager	11-16-16
10. HOUSING IN		:				1			J	
Signature of Author	orized Official	1				d Name a		^		Date
11. APPROVAL:	1/4c	nund f		. h				gram C	oordinator	11-16-16
Signature of Autho	Housing appr	oved f	or occupancy	by work		d Name a				Date
6/0	711- 4	<u>(</u>	_		1			gram C	oordinator	11-16-14
7	700					•				11-16-17
6	20									

HC D			-					I. Francis		E	Budget Bureau No. 4	14-R1358
U.S. Departme U.S. TRAININ	ent of Labo	or, Employ EMPLOY	yment ar	d Train	ning A	dministration	n			NAME AND ADDRESS		
1) FACILIT		Bela	Flor Nu	rseries, Inc.		
1	TERTO	(See Instr				FACILIT	IES	Hairis	soriville	, Missouri		
2. HOUSING L	OCATION	(000 111011	- CHOILS OF	. Acres	se)			3. HOUSII	NO DECO	DIDTION		
28615 SE	Outer	road										
Harrisonv								sleep	ing pod	ike Structure with ls/Barracks Style	individual	
4. SLEEP ROOM		a. D	ormitory	Туре			b. Fa	mily Type				
(No. & Measur		2		3	4	1	2	3	4		E ONLY	
Length	15	5' 15	5'	15'	15'	15'	15'	15'	15'	5. CAPACITY (Adults)	40	
Width	18	3' 18	3	18	18	18	18	18	18	6. REGULATIONS COI ("x" proper box)	MPLIANCE Yes	No
Ceiling Height	t									Water		_No
Square Feet	27	0 27	0 2	70	270	270	270	270	270	Electricity		님
No. of Rooms										Site		퓜
No. of Beds, Single										Screening		퓜
	No. of Beds or Bunks, Double 2 2 2 2							2	2	Heating	\square	귀
7. FACILITIES (/	Number of	each)										ᆜ
Flush Toilets	Privy		Urinals			Lav. or Was	shbasins	Showerhe	ads			
4						3		4				
Bathtubs	Movable	Bathtubs	Laundry	/ machi	ines	Fixed laund	ny tube	Movable la	nundn.			
			2			T IXCG IAUTIG	ry tubs	tubs	aunury			
Cook Stoves	Refrigerat	tore				F:						
3	3	iois	Garbage 3	e conta	iners	First-aid Kits	5	Fire Exting				
						1		2 ABO	C Dry			
8. COMMENTS	-											\neg
4 Workers 3 Tables	per pod											
2 Microway	/es											
2 Fire Extin		s										
Smoke alar	ms in e	ach poo										
Large porta	ble AC	that cou	uld be	used	to co	ool whole	area					- 1
B. EMPLOYER'S	CERTIFIC	ATION:										
I CERTIF	Y THAT I	have revie	wed the	housing	g regul	ations of the	U.S. Der	partment of	Labor U	S. Training and Employm	ent Service and	that
and modeling doo	Oliped Held		CCIS I	Luces	not me	er such stan	darde in	arahy auth	OFITO PODE	anantations of the Ct-t- F	Employment Servi	ice
mployer's Signatu	. p. o j o	and Traini	ng Aurilli	iistiatio	in regio	mai office to	Name ar	ne above no	ousing at	any reasonable time.		
7/1.0	1. 1	20	0/	_		00.	1	id fille	ì	112	Date	
0. HOUSING INS	SPECTED	BY:	(.)	2		1116	Sty	Will	ther	HR Manger	11-17-15	
ignature of Author	rized Offici	al /				Typed	Name ar	nd Title			Date	
1/10	ic, L	fel							rkforce	Specialist	11-17 18	
1. APPROVAL:	Housing a	pproved fo	r occupa	ncy by	worke					- •	1110-1	
ignature of Author	rized Officia	al					Name an				Date	
/ for	Jay to Debra								rkforce	Specialist	11-12-15	
0110											1101)	

									Budo	get Bureau No. 44-	-R1358
U.S. Departmen	nt of Lab	or, Employ	ment and Tra	ining Ac			AME AND ADDRESS				
U.S. TRAININ									rseries, Inc. Missouri		
EMPLOY	EK FU		D HOUSIN		FACILIT	IES	Hairis	Jiiville,	MISSOUT		
2. HOUSING LC	CATION					$\overline{}$	3. HOUSING	G DESCR	RIPTION		
28615 SE	Outer	road				- 1	Large	Rarn I	ike Structure with in	dividual	
Harrisonvil									s/Barracks Style	aividdai	
4. SLEEP ROOM (No. & Measure		a. D	Oormitory Type	4	1	b. Fan	nily Type		ES USE	ONLY	
Length	′	5' 15		4			3	4	5. CAPACITY 40)	
Width	1	8' 18	В						6. REGULATIONS COMP	PLIANCE	No
Ceiling Height									("x" proper box) Water	Yes 🖂	No
Square Feet	27	70 27	0						Electricity		一
No. of Rooms									Site	$\overline{\boxtimes}$	一
No. of Beds, Single								100	Screening		一
No. of Beds or	No. of Beds or Bunks, Double 2 2								Heating		$\overline{\Box}$
7. FACILITIES (I		f each)						-	***************************************		
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhea	ads			
4	į	3					3				
Bathtubs	Movable	Bathtubs	Laundry mad	hines	Fixed laund	dry tubs	Movable la	undry			
			2				tubs				
Cook Stoves	Refriger	ators	Garbage cor	tainers	First-aid Ki	ts	Fire Exting				
2	2		1		2		(No. & type	S			
8. COMMENTS											
4 Workers	per po	d									
3 Tables											
2 Microway 2 Fire Extir		ore									
Smoke alai			d								
Large porta				d to c	ool whole	e area					
9. EMPLOYER'S	CERTIFI	CATION:									
I CERTII	FY THAT	I have revi	iewed the hous	sing regu	lations of th	e U.S. De	partment of	Labor, U	S. Training and Employme	nt Service, and t	that
the housing des office and/or Er	scribed he nplovmer	erein <u>⊠</u> ı nt and Trair	meets 🔛 do nina Administra	es not m ation rea	eet such sta ional office t	indards. I	hereby auth	orize rep ousing at	resentatives of the State En any reasonable time.	nployment Servi	ce
Employer's Signat		/	1 /			ed Name a			,	Date	
	1	() 2	loho		M;	ct. 1	la la la la	- H.	P Managin	1417-18	_
10. HOUSING IN	SPECTE	D BY: De	bra Minish		100	319	V COM		Mark gr		
Signature of Author	orized Off	ficialy /	,		Туре	d Name a	nd Title			Date	
Ctor	1. 1	Las	1		D	ebra M	inish, Wo	orkforc	e Specialist	11-12-16	-
11. APPROVAL:	Housing	approved	for occupancy	by work	ers recruited	interstate	9.				
Signature of Author	rized Off	icial /	/		Туре	d Name a	nd Title			Date	
Joy.	we.	Har	-		D	ebra M	inish, Wo	orkforc	e Specialist	11-12-15	5

									Bud	iget Bureau No.	44-R135
U.S. Departmen	nt of Labor, I	Employ	ment and Trai	ining Ac	lministration	n			AME AND ADDRESS		
1			D HOUSING		EACILIT	IEC			is & Harvesting, LL0 1 st Court	C	
			ctions on Rever		PACILII	IES			MO 64152		
2. HOUSING LO							3. HOUSIN	NG DESCI	RIPTION		
18480 45 Weston, M							Farm	House			
4. SLEEP ROOM		a. D	ormitory Type			b. Far	nily Type		ES USE	ONLY	
(No. & Measure	e) 1	2	3	4	1	2	3	4	5. CAPACITY	UNLT	
Length		-			17'3	15'2			(Adults)	6	
Width					15'1	14'1			6. REGULATIONS COMI ("x" proper box)	PLIANCE Ye	s No
Ceiling Height									Water	\triangleright	
Square Feet					274	226			Electricity	\triangleright	
No. of Rooms					1	1			Site	\triangleright	
No. of Beds, Single					4	4			Screening	\boxtimes	
No. of Beds or Bunks, Double									Heating	\geq	
7. FACILITIES (I		ch)									
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
1							1				
Bathtubs	Movable Ba	thtubs	Laundry mad	hines	Fixed laund	dry tubs	Movable I	laundry			
1			1				tubs				
Cook Stoves	Refrigerator	s	Garbage con	tainers	First-aid Ki	ts	Fire Extin				
1	1		1		1		(No. & typ.	1000			
8. COMMENTS					L						
9. EMPLOYER'S	CERTIFICAT	TION:									
I CERTII	FY THAT I ha	ve revi	ewed the hous	ing regu	lations of th	e U.S. De	partment o	f Labor, U	S. Training and Employme	ent Service, a	nd that
the housing des office and/or Er	scribed hereir mplovment ar	n L⊠ir nd Train	neets doe ing Administra	es not m	eet such sta	andards. I	hereby aut	horize rep	resentatives of the State E any reasonable time.	mployment So	ervice
Employer's Signal						ed Name a			any reasonable time.	Date	
Clark	- US. (Be-	uer		C	lark Be	nner			6-15-	-17
10. HOUSING IN	SPECTED B	Y: Joy	pe Hahn		-						
Signature of Author	rized Official	1/	,	***************************************		d Name a				Date	
(h	cua i	Has			Je	oyce Ha	ahn, Pro	gram C	coordinator	6-15-	\Box
11. APPROVAL:	Housing app	proved f	or occupancy	by work	ers recruited	d interstate	Э.				
ignature of Autho	rized Official		/,		5.0	d Name a				Date	
(h	age	the	1	-	Jo	oyce Ha	ahn, Pro	gram C	coordinator	6-15-	17

U.S. Depar U.S. TRAII	tment o	f Labor, I	Emplo	yment a	and Trai	ning A	dministratio	n			AME AND ADDRESS	ouget buleau	140. 4	4-1(13
							FACILIT	TIEC	Benn	er Farn	ns & Harvesting LL 1 st Court	.C		
,	.012				on Rever		PACILII	IE2			MO 64152			
2. HOUSING	LOCA								3. HOUSIN	NG DESC	RIPTION			
18480 4 Weston			h							House				
4. SLEEP RO			a. C	ormitor	у Туре			b Far	mily Type					
(No. & Mea	sure)	1	2		3	4	1	2	3	4		E ONLY		
Length							17'3	15'2			5. CAPACITY (Adults)	8		
Width							15'1	14'1			6. REGULATIONS CON ("x" proper box)		Yes	No
Ceiling Hei	ght										Water		$\overline{\boxtimes}$	
Square Fee	et						274	226			Electricity		$\overline{\boxtimes}$	F
No. of Room	ms						1	1			Site			一
No. of Beds Single	5,						1	4			Screening			님
	No. of Beds or Bunks, Double										Heating		=	
7. FACILITIES		ber of eac	:h)								ricating			Ш
Flush Toilets	Pri	vy		Urinal	s		Lav. or Wa	shbasins	Showerhe	ads				
1	January Lo						1		1					
Bathtubs	Mo						Fixed laund	fry tubs	Movable la	aundry				
1				1				2.5 - 1.00 2.00 1.00 1.00 1.00 1.00 1.00 1.00	tubs	,				
Cook Stoves	Re	frigerators		Garba	ge conta	ainers	First-aid Kit	s	Fire Exting	uishers				
1		1		1	-		1		(No. & type	e)				
8. COMMENT	s								_ BO 0	120 1				
9. EMPLOYER	'S CEF	TIFICATI	ON:						-					
the nousing t	COCIDIO	o nereili	1 111	leets I	o a does	not me	eet such stai	ndarde I i	nerehy suth	OFIZA FORE	S. Training and Employme	ent Service,	and t	hat
office affa/of	Lilibio	ment and	Traini	ng Adm	ninistrati	on regi	onal office to	inspect t	he above h	ousing at	any reasonable time.	imployment	Servi	ce
Employer's Sign	nployer's Signature Typed Nam										6	Date	′ ′	
10. HOUSING	NSPE	CTED BY:					ARK	B. Ben	- NER	OWNER.	6/9	7/1	6	
Signature of Aut							Typer	Name ar	nd Title			TD-4-	ι	
Delm	ì	M	LAM	ish						ate Mor	itor Advocate	Date	. , ,	
11. APPROVAL	Hou	sing appro	ved fo	or occur	pancy by	/ worke	ers recruited					16/41	16	
Signature of Aut								Name ar				Date		\dashv
Dole	a	11	en	sh			De	ebra Mi	nish, Sta	ate Mon	itor Advocate	6/9	116	,

									Buage	et Bureau No. 44	-K1358	
U.S. Departmen U.S. TRAINING	it of Labor, E	mploy	ment and Tra	ining Ad	lministratio	n			AME AND ADDRESS			
	ER FURN				EACILIT	IEC			is & Harvesting LLC 1 st Court			
LIMITEOT			ctions on Reve		FACILII	IES	C		MO 64152			
2. HOUSING LO	CATION						3. HOUSIN	NG DESCI	RIPTION			
18480 45 I Weston, M		1					Frame	e Housi	ng			
4. SLEEP ROOM			ormitory Type				mily Type		ES USE	ONLY		
(No. & Measure	9) 1	2	3	4	1	2	3	4	5. CAPACITY			
Length					17'3	15'2			(Adults)			
Width					15'10	14'10			6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No	
Ceiling Height									Water	\boxtimes		
Square Feet					274	226			Electricity	\boxtimes		
No. of Rooms					1	1			Site	\boxtimes		
No. of Beds, Single					4	4			Screening	\boxtimes		
No. of Beds or Bunks, Double								Heating	\boxtimes			
7. FACILITIES (A	Number of eac	ch)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
1							1					
Bathtubs	Movable Bat	ovable Bathtubs Laundry machines Fixe				dry tubs	Movable	laundry				
1			1				tubs					
Cook Stoves	Refrigerators	S	Garbage co	ntainers	First-aid K	its	Fire Extin					
1	1				1		(No. & typ					
8. COMMENTS					1							
9. EMPLOYER'S	CERTIFICAT	CION:										
I CERTI	FY THAT I ha	ve revi							J.S. Training and Employmen			
									presentatives of the State En t any reasonable time.	nployment Serv	/ice	
Employer's/Signal		u maii	IIIg Administ	auon reg		ed Name		nousing a	tury rodomano timo.	Date ,		
Clark	B. Sen	er.			(TARK	() ()	NAER	OWNER /MAGA	6/12/	15	
10. HOUSING IN	HOUSING INSPECTED BY:											
Signature of Author	orized Official				Тур	ed Name	and Title			Date		
Delia	M	land	ish			Debra N	/linish, S	tate Mo	onitor Advocate	6/12/	15	
11. APPROVAL:	Housing app	roved	for occupanc	y by work	ers recruite	d intersta	te.			1, 7		
ignature of Author	orized Official		-			ed Name				Date		
Dale	0	11	1 aug K			Debra N	/linish,St	ate Mo	nitor Advocate	1/12/1	5	

	U.S. Departmen	nt of Labor, Er	mployr	nent and Tra	ining Ad	ministratio	on	1. EMPLC	YER'S	NAME AND ADDRESS	
	U.S. TRAININ		LOYM	ENT SERV	ICE		900000		Stat	nts e Highway AA) 63431	
			Instruc	ctions on Reve	rse)						
	2. HOUSING LO							3. HOUSIN			
	Same as E	Employer A	Addre	SS				Large	2 sto	ry older farm house.	
	4. SLEEP ROOM (No. & Measure			ormitory Type				mily Type		ES USE	ONLY
	Length	e) 1	2	3	10' 4"	22' 4"	10'3"	11'7"	105	, 5. CAPACITY (Adults)	2 10
	Width				12'3"	15'2"	9'	21'6"	124	E DECLILATIONS COM	
	Ceiling Height				8	8	8	8		Water	
	Square Feet				127'	339'	92'	249'	128	Electricity	
	No. of Rooms									Site	\boxtimes
	No. of Beds, Single				23	58	2/	80	3	Screening	
	No. of Beds or Bunks, Double						1			Heating	
	7. FACILITIES (:h)								
	Flush Toilets	Privy									
	3							3			-
	Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed lau	indry tubs	Movable	laundry		
(1			1				tubs			
	Cook Stoves	Refrigerators	3	Garbage co	ntainers	First-aid	Kits	Fire Extin	guishe	rs	
	1	1		1				2abc			
	8. COMMENTS										
	2 means o	f regress t	o out	side from	upper	floor					
	1 bunk and	d 10 sinale	hed	sReddi	ing for	12					
	1 bank and	a 10 sirigio	DCu.	3DCddi	ing ioi	12					
	Total capa	city 22									
	9. EMPLOYER'S	CERTIFICAT	ION:								
										r, U.S. Training and Employm representatives of the State E	
										g at any reasonable time.	Imployment Service
	Employer's Signa	ature	,			'	ped Name				Date
	Kolya	Colle	-			9	Al Cord	le, Static	n Ma	na ger	12/14/2018
	10. HOUSING IN	SPECTED BY	: Joy	rce Hahn			Jashua	Collier,	Sta	tion Manager	
	Signature of Auth					Ту	ped Name	and Title		-	Date
/	Joyce of								ogran	Coordinator	12/14/18
	16. APPROVAL:		roved	for occupanc	y by work					I Data	
4	Signature of Auth					'	ped Name		ogran	Coordinator	Date
	Joyce of	rann					JUYUE I	iaiii, FIC	Jyraii		112/17/12
	00										FORM ES-338-R2

U.S. Departmen					ministration		9-3		AME AND ADDRESS	
			HOUSING		FACILITI	IFS		e Plants State I	s Highway AA	
			ctions on Rever		. ,			el, MO 6		
2. HOUSING LO	CATION						3. HOUSIN	IG DESCF	RIPTION	
Same as E	mployer A	Addre	ess				Large	2 story	older farm house.	
										Q.
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type	4	1	b. Far	nily Type 3	1	ES USE O	ONLY
Length	7 1		3	10' 4"		10'3"	11'7"	10'5"	5. CAPACITY 22	(10)
Width				12'3"	15'2"	9'	21'6"	12'4"	6. REGULATIONS COMPL ("x" proper box)	(- /
Ceiling Height				8	8	8	8		Water	
Square Feet				127'	339'	92'	249'	128'	Electricity	
No. of Rooms									Site	
No. of Beds, Single				3	8	2	6	3	Screening	
No. of Beds or Bunks, Double									Heating	
7. FACILITIES (A	Number of eac	:h)								
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads		
3							3			
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	lry tubs	Movable I	laundry		
1			1				tubs			
Cook Stoves	Refrigerators	•	Garbage con	tainers	First-aid Kit	S	Fire Extin	guishers		
1	1		1				(No. & type	De)		
8. COMMENTS										
2 means of	regress to	o out	side from	upper	floor					
1 bunk and	10 single	beds	sBeddir	ng for	12		A A	,	2 2 0 01	
Total capad	city 22					1	addi	er L	for 2nd 4	001
	,							1		
Bath	MOON	W	pstaix	SE	show	er k	dons	/ c	leanina	
9. EMPLOYER'S	CERTIFICAT	ION:	1							
the housing des	scribed herein	⊠ r	neets do	es not m	eet such sta	ndards. I	hereby aut	horize rep	.S. Training and Employmen resentatives of the State Em	t Service, and that ployment Service
office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date										
Can	di	K	rale		100		e, Statio	n Mana	iger	12/22/17
10. HOUSING IN	SPECTED BY	' : /	/							
Signature of Author	orized Official	2			Туре	d Name	and Title			Date / /
Mrs	tt /	lis	bos					SFW Pr	ogram Coordinator	D/00/17
11. APPROVAL:		roved f	or occupancy	by work						/ ///
Signature of Author	orized Official	17			5.00.00	d Name			0 "	Date /
Mru	tte /	M	Son		A	nita Di	xson, MS	SEVV Pr	ogram Coordinator	N/22//

	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE												
								e Plant					
EMPLOY	ER FURNI				FACILIT	IES		el, MO (Highway AA 63431				
2. HOUSING LO		? Instru	ctions on Reve	rse)			3. HOUSIN						
333		المطاحم											
Same as E	inployer A	\uuiie	:55				Large	2 Story	older farm house.				
4. SLEEP ROOM			rmitory Type				nily Type		ES USE	ONLY			
(No. & Measure	9) 1	2	3	4 4 4 4 1	1 201 411	2	3	4	E CADACITY				
Length				10' 4"	22' 4"	10'3"	11'7"	10'5"	(Adults) 2:				
Width				12'3"	15'2"	9'	21'6"	12'4"	("x" proper box)	Yes No			
Ceiling Height				8	8	8	8		Water	\boxtimes			
Square Feet				127'	339'	92'	249'	128'	Electricity	\boxtimes \square			
No. of Rooms									Site	\boxtimes			
No. of Beds, Single				3	8	2	6	3	Screening	\boxtimes \square			
No. of Beds or									Heating	\square			
	Bunks, Double FACILITIES (Number of each)												
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads					
3						3							
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	dry tubs	Movable laundry						
. 1			1			,	tubs	.aanary					
Cook Stoves	Defriessetsse	NAME OF THE OWNER.		4-1	Fi-4 -14 K		 						
	Refrigerators		Garbage cor	itainers	First-aid Kit	IS	(No. & type						
1	1		1				2abc						
8. COMMENTS						-							
2 means of	regress to	o out	side from	upper	floor								
1 bunk and	10 single	beds	sBeddii	na for	12								
12220 1100				•									
Total capad	city 22												
9. EMPLOYER'S					1-4:	- II O D		£1 - b 11	0.7				
the housing des	scribed herein	re revie	neets do	es not m	eet such sta	e 0.5. De Indards. I	hereby aut	horize rep	 S. Training and Employmeresentatives of the State E 	imployment Service			
office and/or En	3/1	d Train	ing Administr	ation reg				housing at	any reasonable time.	I Data			
Employer's Signat				1	Typed Name and Title Al Cordle, Station Manager Date								
10. HOUSING IN	·	II-b-			Ooran	o, Otatio	- Ivialia		1. 114/16				
Signature of Autho	. joy	е папп		Type	d Name a	and Title			Date				
								gram C	coordinator	12-14-11			
1. APPROVAL:	Housing app	royed f	or occupancy	by work						101110			
Signature of Author		1				d Name a				Date			
(logn	Ignature of Authorized Official							Joyce Hahn, Program Coordinator 12-14-16					

U.S. Department U.S. TRAINING	AND EMPLO)YME	NI SERV	1.12			Bonnie 38009	Plants State F	ME AND ADDRESS	S Daleau no. 11	And and a second a	
EMPLOY	ER FURNIS				·ACILITII	EO	Anabe	I, MO 6	3431			
		nstructi	ons on Reve	rse)		3	HOUSIN	G DESCR	PTION			
HOUSING LO	CATION					3.			older farm house.			
Same as E	mployer Ad	ddres	S				Large	2 Story	Older failt floader			
				~		b. Fami	у Туре		ES USE	ONLY		
(No. & Measure	0	a. Dor	mitory Typ	4	1	2	3	4				
Length			1	10'4"	22' 4"	10'3"	11'7"	10'5"	(Adults) 8. REGULATIONS COM	PLIANCE		
Width				12'3"	15'2"	9"	21'8"	12'4"	("x" proper box)	Yes 🖂	No	
Ceiling Height				8	8	8	8		Water		一一	
Square Feet				127	339	92*	249'	128"	Electricity	\boxtimes	H	
No. of Rooms									Sile		Ħ	
No. of Beds,				3	8	2	6	3	Screening			
No. of Beds or									Heating		_ل_ا	
Bunks, Double 7. FACILITIES (h)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	esas				
3							3					
Bathlubs	Movable Bat	intubs	Laundry n	nachines	Fixed laur	dry tubs	s Movable laundry tubs					
1			1									
Cook Stoves	Refrigerators	3	Garbage	containers	First-aid K	(its	(No. & I)	inguishers (pe)				
1	1		1	2004000000		2abc					***************************************	
1 bunk an	of regress to ad 10 single acity 22	e bed	sBed	ding for	12						and the second second	
9. EMPLOYER I CER the housing office apartor	'S CERTIFICA TIFY THAT I h described here Employment a	TION: ave rev in 🔯 and Tra	riewed the meets [ining Admi	housing real does not nistration re	gional offic	e to inspe	t the above	ve housing	U.S. Training and Employ epresentatives of the State at any reasonable time.	ement Service, Employment S	and that Service	
Employer's Sig	nature /	6	and the same of th			Typed Name and Title Al Cordle, Station Manager					5-/6	
10. HOUSING	INSPECTED I	BY:	4			Date Oate				Date		
Signature of Au	thorized Offici	al)	1	AND THE RESERVE OF THE PARTY OF	ĮT:	Typed Name and Title Joyce Hahn, Workforce Specialist IV /-5					16	
	ane a f	11.10			vivore rozni		-					
11. APPROVA	L: /Housing a	porove	d for occup	ancy by wo	T)		Date	_ , ,	
Signature of Al	Uthorized Offici		1	wo.		Joyce Hahn, Workforce Specialist IV /-5-/6						

U.S. Departmen U.S. TRAINING EMPLOY	S AND EMP ER FURNI	LOYM ISHED	HOUSING	E AND		1	1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants 38009 State Highway AA Anabel, MO 63431						
	£	e Instruc	tions on Rever	se)									
2. HOUSING LO	CATION							NG DESCR				-	
Same as E	mployer A	Addre	SS				Large	2 story	older farm hous	e.			
4. SLEEP ROOM	S	a. Do	rmitory Type		I	anger-constructed and the second	nily Type		ES U	SE ONLY			
(No. & Measure	1 1	2	3	4	1	2	3	4	5. CAPACITY				
Length		-		10' 4"	22' 4"	10'3"	11'7"	10"5"	(Adults) 6. REGULATIONS C	22 OMPLIANCE		-	
Width				12'3"	15'2"	8,	21'6"	12'4"	("x" proper box)		Yes	No	
Ceiling Height				8	8	8	8		Water		\boxtimes		
Square Feet				127'	339'	92"	249'	128'	Electricity	***************************************		LI I	
No. of Rooms					***************************************				Site		\boxtimes		
No. of Beds, Single				3	8	2	6	3	Screening		\boxtimes		
No. of Beds or	unks, Double								Heating		\boxtimes		
7. FACILITIES (/													
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads					
3	Maria						3						
Bathtubs	Movable Bat	thtubs	Laundry mac	hines	Fixed laun	dry tubs	Movable	laundry					
1	And since understandings		1				tubs						
Cook Stoves	Refrigerators	\$	Garbage con	tainers	First-aid K	its	Fire Exti	nguishers					
1	1		1			(No. & type) 2abc							
8. COMMENTS		***************************************	galanting and the second and the sec			***************************************		umagogo, camero menero esta como como como			•		
2 means of 1 bunk and Total capa	l 10 single												
I CERTI	OYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that using described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service and for Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signa			1	ed Name				Date	1-2	11			
1/2/				Al Cordi	e, Statio	on Mana	ager		//-/				
TO HOUSING IN													
Signature of Author	orized Official	/ /				Typed Name and Title Date			Date	1-7	121		
4/02/0	e/H	ch	· · · · · · · · · · · · · · · · · · ·		Joyce Hahn, Workforce Specialist IV				7 /-	77			
11. APPROVAL:	CONTRACTOR SECURIOR S	and the same of the same	for occupancy	by work	A STATE OF THE PARTY OF THE PAR	and the second s	Communication of the Communica			Data			
lignature of Author	orized Official	,		Typed Name and Title Joyce Hahn, Workforce Specialist IV Date 1377-/				11					
1 long	~ ×4	·		0	юусе Н	ann, W	OIKIOFCE	Specialist IV	1/20	1-	17		

U.S. Department U.S. TRAINING					ministration	Bonnie Plants #61					
EMPLOY	ER FURNI		HOUSING		FACILITI	ES			ut Trail D 65018		
	1	Instruc	tions on Rever	se)			3. HOUSIN	IC DESCE	PIRTION		
2. HOUSING LOC 57333 Look California, I	cout Trail	3					House		RF HON		
4. SLEEP ROOMS (No. & Measure)		a. Do	rmitory Type	4	1	b. Fam	ily Type 3	4	ES USE O	NLY	
Length	9'8	13'3							5. CAPACITY 7 (Adults)	-13	
Width	10	9'8	9'9						6. REGULATIONS COMPL ("x" proper box)	IANCE Yes	No
Ceiling Height									Water	\boxtimes	
Square Feet	100	130	118						Electricity		
No. of Rooms									Site	\boxtimes	
No. of Beds, Single		1	1						Screening		
No. of Beds or Bunks, Double	1	1	1						Heating		
7. FACILITIES (A	. FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads			
1					1		1				
Bathtubs	Movable Bat	thtubs	Laundry ma	chines	Fixed laund	dry tubs	Movable tubs	laundry			
1			1								
Cook Stoves	Refrigerators	S	Garbage co	ntainers	First-aid Ki	ts	Fire Extir	nguishers pe)			
1	1		1		1	1 ABC					
8. COMMENTS											
		à									
9. EMPLOYER'S	CERTIFICA	TION:									
the housing de	scribed herein	n 🛛 r	meets d	oes not n	neet such sta	andards. I	hereby au	thorize rep	J.S. Training and Employmer presentatives of the State Em	nt Service, and oployment Sei	d that rvice
office and/or Er	mployment ar	nd Trair	ning Administ	ration reg	gional office	to inspect	the above	housing a	it any reasonable time.		
Employer's Signa	ture					_{ed Name} Beniami	and Title in Kruge	er		Date 11-29-	17
10. HOUSING IN	ISPECTED B	yce Hahn			J. J.				11-21-1		
Signature of Auth	/		Тур	ed Name	and Title			Date			
(1		-	J	oyce H	ahn, Pr	ogram (Coordinator	11-29-	17		
11. APPRØVAL:			for occupano	y by wor					X. 100		
Signature of Auth	ofized Officia	1/	,		, , ,	ed Name			Coordinator	Date	
40			J	Joyce Hahn, Program Coordinator 11-29-17							

U.S. Department U.S. TRAINING EMPLOYE	AND EMPL	OYMI SHED	ENT SERVIO	CE S AND			California, MO 65016					
2. HOUSING LOC	1	manac				3	. HOUSIN	G DESCR	RIPTION			
57333 Look California, N	out Trail	3					Duple					
4. SLEEP ROOMS		a. Do	rmitory Type				ily Type		ES USE O	NLY		
(No. & Measure)	1	2	3	4	1	2	3	4	5 CARACITY			
Length	12'9	9'10							6. REGULATIONS COMPL	IANCE		
Width	10'5	12'4	9						("x" proper box)	Yes No		
Ceiling Height								V	Water			
Square Feet	126	113	106						Electricity			
No. of Rooms									Site			
No. of Beds, Single									Screening			
No. of Beds or Bunks, Double 1 2									Heating			
	7. FACILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads				
1					1		1					
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laund	dry tubs	Movable laundry tubs					
1			1			tubs						
Cook Stoves	Refrigerators	5	Garbage co	ntainers	First-aid Ki	aid Kits Fire Extinguishers (No. & type)			1			
1	1		1		1	1 ABC						
8. COMMENTS												
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.												
Employer's Signa			Тур	ed Name		11		Date				
15/1/20v				t	SUK	ryer	Ma	nagor	11-19-17			
10. HOUSING IN			yce Hahn		7-	ad Name	and Title			Date		
Signature of Auth	orized Officia	1	1			ed Name Joyce F		ogram	Coordinator	1129-17		
11 1000	yee ,	1/2	for accuracy	ov by wo		-						
11. APPROVAL:	100		ior occupant	by by wor		Typed Name and Title Date				Date		
Signature of Auth	gridiano or rigationizos o morgi.							Joyce Hahn, Program Coordinator 1/-29-/7				
Tay	a /	_			Joyce Harin, Frogram Coordinator // 7/7							

U.S. Department U.S. TRAINING					ministration		1. EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61 67465 Lookout Trail					
EMPLOY	ER FURNI	SHED	HOUSING	S AND	FACILITI	ES			ut Trail D 65018			
	(See	Instruc	tions on Rever	se)								
2. HOUSING LOC	CATION					3	B. HOUSIN	IG DESCF	RIPTION			
57333 Look California, I		3					Duple	x 1-A				
4. SLEEP ROOMS	6	a. Do	rmitory Type				ily Type		ES USE	ONLY		
(No. & Measure,) 1	2	3	4	1	2	3	4	5 OADAOITY			
Length	11	12'4	1						6. REGULATIONS COM			
Width	10	23'6	3						("x" proper box)	Yes No		
Ceiling Height									Water			
Square Feet	110	266.9	91						Electricity			
No. of Rooms									Site			
No. of Beds,	Single								Screening			
No. of Beds or									Heating	\boxtimes		
	Bunks, Double ' 7 FACILITIES (Number of each)											
Flush Toilets	Privy	7	Urinals		Lav. or Wa	shbasins	Showerhe	eads				
1	,				1		1					
Bathtubs	Movable Bat	thtubs	Laundry ma	chines	Fixed laund	dry tubs	Movable	laundry				
0			1				tubs					
Cook Stoves	Refrigerator	S	Garbage co	ntainers	First-aid Ki	ts		nguishers				
1	1		1		1		(No. & ty)					
8. COMMENTS												
9. EMPLOYER'S	CERTIFICA	TION:										
I CERTI	FY THAT I ha	ave rev	iewed the hou	using reg	ulations of th	ne U.S. De	epartment	of Labor, l	J.S. Training and Employn presentatives of the State	nent Service, and that Employment Service		
office and/or E	scribed nerei mployment ai	n 🔼 nd Trair	meets a ning Administ	ration re	gional office	to inspect	the above	housing a	at any reasonable time.	Limpleyment Corvice		
Employer's Signa					Тур	ed Name	and Title			Date		
B. 1Kmil	L				1	3J K	ryer	Men	najor	11-29-19		
10. HOUSING IN	ISPECTED B	Y: , Jo	yce Hahn				,		/			
Signature of Auth	orized Officia	1/1				ed Name			0 " " " "	Date		
(for	11. APPROVAL: Housing approved for occupancy by workers							yce Hahn, Program Coordinator				
			for occupano	y by wor		1 128 16				In.		
Signature of Auth	orized Officia	d			Typed Name and Title Date Date				Date 17			
Mayo	e tel				Joyce Hahn, Program Coordinator							

U.S. Department U.S. TRAINING					ministration	Bonnie Plants #61					
EMPLOY	ER FURNI	SHED	HOUSIN	G AND	FACILITI	ES		Looko	ut Trail O 65018		
		Instruc	tions on Rever	·se)							
2. HOUSING LOC	CATION					;	B. HOUSIN	IG DESCF	RIPTION		
57333 Lool California, I		3					Duple	x 1-A			
4. SLEEP ROOMS		a. Do	rmitory Type			b. Fam	ily Type		ES USE ON	II Y	
(No. & Measure,) 1	2	3	4	1	2	3	4	5 CARACITY		
Length	11	12'4							(Adults) 10	ANCE	
Width	10	23'6	3						("x" proper box)	Yes No	
Ceiling Height									Water		
Square Feet	110	266.9	91						Electricity		
No. of Rooms									Site		
No. of Beds, Single									Screening		
No. of Beds or Bunks, Double	1	4							Heating		
7. FACILITIES (N	lumber of eac	:h)									
Flush Toilets	Privy		Urinals	eads							
1					1		1				
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laund	lry tubs	Movable laundry tubs				
0			1								
Cook Stoves	Refrigerators	1	Garbage co	ntainers	First-aid Kit	Fire Extinguishers (No. & type)					
1	1		1		1	1 ABC					
8. COMMENTS											
6 FM											
9. EMPLOYER'S			ewed the hou	isina real	ulations of th	e U.S. De	partment o	of Labor. L	J.S. Training and Employment	Service, and that	
the housing des	cribed herein	ı⊠r	neets 🔲 de	oes not m	neet such sta	ındards. I	hereby aut	thorize rep	resentatives of the State Emp	loyment Service	
	d/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.										
Employer's Signat	ure					Typed Name and Title Benjamin Kruger Date					
10 HOUSING IN	G INSPECTED BY: Joyce Hahn									12 0-16	
Signature of Author		. 30)	yoc Hallii		Ti	Date					
Signature of Addition	7 1 1								Coordinator	12-2-16	
11. APPROVAL:	1. APPROVAL: Housing approved for occupancy by workers recruited interst										
Signature of Author	rized Official	1			-	d Name a		-		Date	
Cloyce	Hal				ahn, Pro	ogram (Coordinator	12-2.16			

						1. EMPLOYER'S NAME AND ADDRESS						
U.S. Department U.S. TRAINING	AND EMPL	OYMI	ENT SERVIC	Œ			Bonnie	e Plants	s #61			
EMPLOYE	ER FURNIS		HOUSING		FACILITI	E9			0 65018			
2. HOUSING LOC	1					- 1	B. HOUSIN	G DESCF	RIPTION			
57333 Look California, I		3					Duple	x 1-B				
4. SLEEP ROOMS			rmitory Type				ily Type		ES U	JSE ONLY		
(No. & Measure)		2	3	4	1	2	3	4	5. CAPACITY	9		
Length	12'9	9'10	_						(Adults) 6. REGULATIONS (
Width	10'5	12'4	9						("x" proper box)		Yes	No
Ceiling Height									Water			<u>Ц</u>
Square Feet	126	113	106						Electricity		\boxtimes	Ш
No. of Rooms									Site		\boxtimes	
No. of Beds, Single	1		2						Screening		\boxtimes	
No. of Beds or	No. of Beds or Bunks, Double 1 2								Heating		\boxtimes	
7. FACILITIES (Number of each)				200 100								
Flush Toilets					Lav. or Wa	shbasins	Showerh	eads				
1					1		1					
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	aundry tubs Movable laundry tubs			1			
1			1			tubs						
Cook Stoves	Refrigerators	S	Garbage cor	tainers	First-aid Ki	aid Kits Fire Extinguishers (No. & type)			1			
1	1		1		1			BC				
8. COMMENTS												
9. EMPLOYER'S	CERTIFICAT	TION:	ioused the hea	sing reg	ulations of th	hells D	enartment	of Labor	U.S. Training and Em	plovment Servi	ce, and	d that
the housing de	scribed herein	n Mi	meets de	es not n	neet such st	andards.	l hereby au	ithorize re	presentatives of the S	state Employme	ent Ser	rvice
	ning Administ	ation reg		ed Name		nousing a	at any reasonable time	Date				
Employer's Signature							in Kruge	er		12	- 2	-16
10. HOUSING IN		Y: Jo	yce Hahn									
Signature of Auth			100000000000000000000000000000000000000	ed Name				Date		. ,		
(lonce tot								ogram	Coordinator	12-	2-1	6
11. APPROVAL:			for occupanc	y by wor	kers recruite	ers recruited interstate.			15.			
_ / /	Signature of Authorized Official						Typed Name and Title Date Date				ν.	1
Chouce Hot						Joyce Hahn, Program Coordinator						6

U.S. Departmen	nt of Labor, E	mploy	ment a	nd Trai SERVI	ning Ad	lministration	1	EMPLOYER'S NAME AND ADDRESS Bonnie Plants #61				
	ER FURN					FACILIT	IFS			s #61 out Trail		
				on Rever		AOILII				O 65018		
2. HOUSING LO	CATION				<u>, </u>			3. HOUSIN	NG DESCI	RIPTION		
57333 Loo California,								House	e 3			
4. SLEEP ROOM	S	a. D	ormitor	у Туре			b Fan	nily Type				
(No. & Measure) 1	2		3	4	1	2	3	4	ES USE	ONLY	
Length	9'8	13'	3	11'9						5. CAPACITY 7 (Adults) 7		
Width	10	9'8	3	9'9						6. REGULATIONS COMP ("x" proper box)	Yes No	
Ceiling Height										Water		
Square Feet	100	130	0	118						Electricity		
No. of Rooms No. of Beds,			_							Site		
Single No. of Beds or		1		1						Screening		
Bunks, Double	ACILITIES (Number of each)								Heating			
	FACILITIES (Number of each) ush Toilets Privy Urinals Lav											
	lush Toilets Privy Urinals Lav.							Showerhe	eads			
1						1		1				
Bathtubs	Movable Bat	htubs	Laund	dry mac	hines	Fixed laund	ed laundry tubs		laundry			
1			1				tubs					
Cook Stoves	Refrigerators	;	Garba	age con	tainers	First-aid Kit						
1	1		1			1	(No. & type) 1 ABC					
8. COMMENTS												
9. EMPLOYER'S	CERTIFICAT	ION:										
I CERTIF	Y THAT I have	ve revi	ewed th	he hous	ing regu	lations of the	e U.S. De	partment o	f Labor, U	S. Training and Employmen	nt Service, and that	
the housing des office and/or En	cribed herein	n ⊠i d Train	neets ing Adı	do∈ ministra	es not m	eet such sta	ndards. I	hereby aut	horize rep	resentatives of the State En	ployment Service	
office and/or Employment and Training Administration regional office to ins Employer's Signature Typed Na								Typed Name and Title Date				
Lles Parker							enjamir	n Kruger	г		12-2-16	
10. HOUSING INS	SPECTED BY	: Joy	ce Hat	hn							10 - 0	
Signature of Authorized/Official Ty						Туре	d Name a	nd Title			Date	
Stycefol						Joyce Hahn, Program Coordinator				p-2-16		
11. APPROVAL:												
Signature of Autho								nd Title	_	P	Date	
() Muce	Oline John						Joyce Hahn, Program Coordinator 12216					

						Budget Bureau No. 44-R1							
U.S. Departme U.S. TRAININ	nt of Labor,	Employ	ment and Tra	ining A	dministratio	n			IAME AND ADDRESS	ileau No. 4	4-K13		
			D HOUSIN) EACH 13	FIEO		ie Plan	t #61 out Trail				
LIVITEO			uctions on Reve		FACILII	IES			IO 65018				
2. HOUSING LO							3. HOUSI	NG DESC	RIPTION				
57465 Loc California,							Single	e Famil	y House 1A				
4. SLEEP ROOM	18	a D	ormitory Type										
(No. & Measure		2		4	1	D. Far	mily Type 3	4	ES USE ON	.Υ			
Length	11	12	'4						5. CAPACITY 10				
Width	10	23	'6						6. REGULATIONS COMPLIAN ("x" proper box)	ICE Yes	No		
Ceiling Height									Water	\boxtimes			
Square Feet	110	266.	91						Electricity	\boxtimes			
No. of Rooms									Site	$\overline{\boxtimes}$	$\overline{\Box}$		
No. of Beds, Single	Single No. of Beds or							Screening		一			
No. of Beds or Bunks, Double	No. of Beds or							Heating	$\overline{\boxtimes}$	一			
7. FACILITIES (I	ACILITIES (Number of each)												
Flush Toilets						av. or Washbasins		eads					
1		-	1		1								
Bathtubs	Movable Bathtubs Laundry machines F				Fixed laund	ced laundry tubs		laundry					
			1			tubs							
Cook Stoves	Refrigerator	S	Garbage con	tainers	First-aid Ki	st-aid Kits Fire Extinguishers (No. & type)							
1	1		1		1	1		oe) C					
8. COMMENTS											_		
Laundry ma	achine is l	ocate	ed downsta	airs.									
9. EMPLOYER'S	CERTIFICAT	ION:							70				
I CERTIF	Y THAT I ha	ve revie	ewed the hous	ing regu	lations of the	e U.S. Der	partment of	f Labor, U.	S. Training and Employment Sei	vice and	that		
the housing des	cribea nerein		neets 🔲 doe	s not m	eet such sta	indards. I h	hereby auth	horize reni	resentatives of the State Employ	nent Serv	ice		
Employer's Signatu	ure	u maiii	ing Administra	tion regi		d Name a		nousing at	any reasonable time.				
B 1 1602						u Name a	nd Title		Date //2	7-15	-		
10. HOUSING INS	SPECTED BY	': Joy	ce Hahn		J				10	. / 3			
Signature of Autho	rized Official			Туре	d Name ar	nd Title		Date	;				
Jagu Hel						Joyce Hahn, Program Coordinator					-		
			or occupancy	y worke	ers recruited	rs recruited interstate.			100)			
Signature of Author	rized Official			Typed Name and Title Date									
Jaya Hal					Joyce Hahn, Program Coordinator								

U.S. Department U.S. TRAININ EMPLOY 2. HOUSING LOCAL CALIFORNIA,	G AND EMI (ER FURN (S) OCATION OKOUT Trai	PLOYN IISHE ee Instru	MENT SERV	ICE IG ANI		TES	Bonni 57465 Califo	ie Plant 5 Looko ornia, M NG DESC	AME AND ADDRESS t #61 out Trail O 65018	get Bureau No. 44-R135	
4. SLEEP ROOM (No. & Measure		a. D	ormitory Typ	9 4	1	b. Fan	nily Type 3	4	ES USE	ONLY	
Length	12'9	9'1	0 11'7						5. CAPACITY 9		
Width	10'5	12'	4 9						6. REGULATIONS COMF	PLIANCE Yes No	
Ceiling Height									Water		
Square Feet	126	11:	3 106						Electricity		
No. of Rooms									Site		
No. of Beds, Single	1		2						Screening	\boxtimes	
	No. of Beds or Bunks, Double 1 2 FACILITIES (Number of each)						Heating	\boxtimes			
7. FACILITIES (A	FACILITIES (Number of each)								8		
Flush Toilets						shbasins	Showerhe	eads	1		
1					1		1				
Bathtubs	Movable Ba	thtubs	Laundry ma	chines	Fixed laund	xed laundry tubs		aundry			
1			1								
Cook Stoves	Refrigerator	s	Garbage co	ntainers	First-aid Kit	ts	Fire Extin	guishers			
1	1		1		1	1		ne) C			
8. COMMENTS					L						
Laundry ma	achine is	locate	ed downst	airs.							
9. EMPLOYER'S	CERTIFICAT	ION:	**								
I CERTIF	Y THAT I ha	ve revie	ewed the hou	sing regu	ulations of the	e U.S. De	partment of	f Labor, U	.S. Training and Employme	nt Service, and that	
office and/or En	oribed nereir	i ⊿in d Train	neets do ina Administi	es not mation rea	eet such sta	indards. I l o inspect t	hereby auti	horize rep	resentatives of the State En	nployment Service	
Employer's Signat			ution rog		d Name a		lousing at	any reasonable time.	Date		
RAILLA					1,750	- 1101110 0	110			12-7-15	
10. HOUSING INS	SPECTED BY	ce Hahn						31.5 A.S	110 113		
Signature of Autho	rized Official			Туре	d Name a	nd Title			Date		
Joyce flet						Joyce Hahn, Program Coordinator					
			or occupancy	by work	ers recruited	rs recruited interstate.					
Signature of Autho	rized Official	,			Typed Name and Title Date				Date		
Fague	Taye Hill				Joyce Hahn, Program Coordinator 12-7-15						

IIS Departs	ment of	I obon I	P 1			2 2			I4 FMD	0)/==:=	Bu	udget Bureau No. 4	4-R1
U.S. Departs U.S. TRAIN	IING A	Labor, I ND EMI	Emplo PLOY	yme	ent and Tra	ining A	Administra	tion			NAME AND ADDRESS		
										nie Plar			
	OILI				ons on Reve		D FACIL	ITIES			out Trail MO 65018		
2. HOUSING	LOCAT	ION	e mst	ucii	ons on Keve	rse)							
57465 L									3. HOUS	ING DES	CRIPTION		
Californi									Singl	le Fami	ly House 3		
4. SLEEP ROO	OMS		a. [Dorm	itory Type			b Fa	mily Type				
(No. & Meas	ure)	1		2	3	4	1	2	3	4	ES USE	ONLY	
Length		9'8	13	3'3	11'9						5. CAPACITY (Adults) 7	1	
Width		10	9	8	9'9						6. REGULATIONS COM ("x" proper box)		
Ceiling Heig	ht										(x proper box) Water	Yes 🖂	No
Square Feet		100	13	0	118			+	+	-			늗
No. of Room	s								-	_	Electricity		L
No. of Beds,			1		1		-		-	-	Site		
No. of Beds		4						-			Screening	\boxtimes	
	Bunks, Double 1 1 1 FACILITIES (Number of each)									Heating		Г	
	. FACILITIES (Number of each) lush Toilets Privy Urinals												
122	Pilvy			Urii	nals		Lav. or Washbasins		Showerhe	eads	1		
1							1		1				
Bathtubs	Mova	able Bath	tubs	Lau	Laundry machines Fixe			ndry tubs	Movable I	aundry			
F.	1								tubs				
Cook Stoves	Refri	gerators		Gar	bage cont	ainers	First-aid K	ito	Fine F. ti				
					90 00/11		i iist-aid N	ilis	Fire Exting (No. & typ	guishers e)			
8. COMMENTS													
20 00000000000000000000000000000000000				V-7-2-11 1000									
Laundry m	ıacnır	ie is lo	cate	d d	ownsta	rs.							
EMPLOYER'S	CERTI	FICATIO	NI:										
I CERTI	FY THA	TIhave	revie	wed	the housin	a regul	ations of th	ells Den	artmost of	l abas 11.6	S. Training and Employmen		\neg
the housing de	scribed	herein	⊠ m	eets	does	not me	et such sta	indards. I h	ereby author	orize repre	S. Training and Employment esentatives of the State Em	it Service, and the	at
mployer's Signat		ent and I	I rainir	ng Ad	dministratio	on regio	mai omioc t	o mapeci ti	ie above iic	ousing at a	esentatives of the State Em any reasonable time.	proyment Service	-
BALLA	B1Kada						Туре	d Name ar	d Title			Date	
0. HOUSING IN	D. HOUSING INSPECTED BY: Joyce Hahn											12.7-15	
	gnature of Authorized Official						Tupo	d Nome	-l T:N-				
Jay Hah							1 100.000	d Name an		rom Co	andinata.	Date	
1. APPRØVAL:	APPROVAL: Housing approved for occupancy by workers							Joyce Hah		I all I CC	ordinator	12-7-15	
gnature of Autho	rized O	fficial	34 101		apancy by	worker			1 Title				
Chou.	Lou, Het						Joyce Hahn Program Coordinates				Date		
10/cc	toge How							Joyce Hahn, Program Coordinator					

									Budget	Bureau No. 44	-R135
U.S. Departme U.S. TRAININ					lministration	n		YER'S N e Plant	AME AND ADDRESS		
EMPLO			D HOUSIN		FACILIT	IES	57465	Looko	out Trail O 65018		
2. HOUSING LO		e man a	cions on Kever	36)			3 HOUSIN	IG DESC	RIPTION		
57465 Loc California,	okout Trail								y House 1A		
									_		
4. SLEEP ROOM (No. & Measur		a. D	ormitory Type 3	4	1	b. Far	nily Type	4	ES USE O	NLY	
Length	11	12'	4						5. CAPACITY 10		
Width	10	23	6						6. REGULATIONS COMPLI. ("x" proper box)	ANCE Yes	No
Ceiling Height									Water	\boxtimes	
Square Feet	110	266.	91						Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds, Single									Screening	\boxtimes	
No. of Beds or Bunks, Double	1 1	4							Heating	\boxtimes	
7. FACILITIES (I		ch)									
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	ads			
1					1		1				
Bathtubs	Movable Ba	thtubs	Laundry mad	hines	Fixed laund	dry tubs	Movable la	aundry	-		
			1				tubs				
Cook Stoves	Refrigerator	S	Garbage con	tainers	First-aid Ki	ts	Fire Exting	guishers			
1	1		1		1		(No. & typ	50.00			
8. COMMENTS	J										
Laundry m	achine is l	ocate	ed downsta	airs.							
9. EMPLOYER'S	CERTIFICAT	ION:									
I CERTII	FY THAT I ha	ve revie	ewed the hous	ing regu	lations of th	e U.S. De	partment of	Labor, U	S. Training and Employment	Service, and	that
									resentatives of the State Empl any reasonable time.	oyment Servi	ice
Employer's Signat		u main	ing Administra	lion reg		d Name a		lousing at		Date	
No. 5	. 1/ .				1	2		/		/	
10. HOUSING IN	SPECTED BY	: Joy	ce Hahn			enja	nin K	roge	C g	1-13-19	7
Signature of Author	orized Official				Туре	d Name a	nd Title			Date	
Long	e Har	-			Jo	русе На	ahn, Prog	gram C	coordinator	1-13-15	5
11. APEROVAL:	Housing app	roved f	or occupancy	by work	ers recruited	interstate	1.			- So	
Signature of Author	orized Official					d Name a				Date	
you !	Hzh		00 C 10 10 10 10 10 10 10 10 10 10 10 10 10		Jo	oyce Ha	ahn, Prog	gram C	oordinator	1-13-15	5

				75 00 00		1.	EMPLO	YER'S NA	ME AND ADDRESS		
U.S. TRAINING	COMMENTS CERTIFICATION: CERTIFY THAT I have reviewed the housing responsible aundry machine is located downstairs. COMMENTS CAMPENDE TEMPLOYER'S CERTIFICATION: CERTIFY THAT I have reviewed the housing responsible to the country of Authorized Official Company of Authorized Official Campend Company of Co		CE			Bonnie	e Plant Looko	#61			
EMPLOY	EMPLOYER FURNISHED HOUSING AN (See Instructions on Reverse) HOUSING LOCATION (T465 Lookout Trail California, MO 65018 LEEP ROOMS				FACILITI	ES			0 65018		
2. HOUSING LO	,					:	B. HOUSIN	IG DESCR	RIPTION		
57465 Lool	cout Trail	3					Single	Family	House 1B		
4. SLEEP ROOMS				4	1	b. Fam	illy Type	4	ES USE ONLY	(
Length									5. CAPACITY 9 (Adults)		
Width	10'5	12'4	1 9						REGULATIONS COMPLIANC ("x" proper box)	E Yes	No
Ceiling Height									Water	\boxtimes	
Square Feet	126	113	106						Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds,	j		2						Screening	\boxtimes	
No. of Beds or	101	2							Heating	\boxtimes	
The Part of the Pa	lumber of eac			L					8		
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads			
1					1		1				
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	dry tubs	Movable	laundry			
1			1				tubs				
Cook Stoves	Refrigerators	3	Garbage cor	ntainers	First-aid Ki	ts	Fire Extir	nguishers			
1	1		1		1		1 ab				
8. COMMENTS											
Laundry m	achine is l	ocate	ed downst	airs.							
9. EMPLOYER'S	CERTIFICAT	TION:							15 1		d that
LCEDTI	EV THAT I ha	VA TAV	iewed the hou	ising reg	ulations of the	he U.S. Do andards.	epartment hereby au	of Labor, l Ithorize re	D.S. Training and Employment Sel presentatives of the State Employi	ment Se	o that rvice
office and/or E	mployment ar	nd Train	ning Administ	ration reg	gional office	to inspect	the above	housing a	at any reasonable time.		
Employer's Signa	ture				Тур	ed Name	and Title		Dat	e 12	, _
Benjani	Kried					Senja	min 10	wyer	1	13-	15
10. HOUSING IN	SPECTED	Y: Jo	yce Hahn						In.		
Signature of Auth	orized Officia	/				ed Name		oarom	Coordinator	ョ	<i></i>
Line	e Hal	_						ografii	Coordinator / -	15-1	15
11. APPROVAL:	1		for occupano	y by wor					Dat	е	
Signature of Auth	orized Officia					ed Name		odram	Coordinator /	-/3.	1
1 (LOMO	Strik				-	JUYCE F	iaiii, FT	ograffi	/	101	7

										Ct Duicaa 110. 71	111000
U.S. Department	t of Labor, E	mployn	nent and Trai	ning Adı	ministration				ME AND ADDRESS		
U.S. TRAINING								e Plant Looko			
EMPLOY			HOUSING		FACILITI	ES			0 65018		
2. HOUSING LO		-					3. HOUSIN	IG DESCF	RIPTION		
57465 Loo	kout Trail						Single	Family	House 3		
California,		8									
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type 3	4	1	b. Fam	nily Type	4	ES USE	ONLY	
Length	9'8	13'3		7					5. CAPACITY 7		
Width	10	9'8							(Adults) 6. REGULATIONS COMP	LIANCE Yes	No
Ceiling Height	10	-					-		("x" proper box) Water	Ies	
Square Feet	100	130	118						Electricity		$\overline{\Box}$
No. of Rooms									Site		
No. of Beds,	0	j j	1						Screening		
No. of Beds or	Single								Heating	\boxtimes	
		- K				<u> </u>					
7. FACILITIES (A	Privy	cn)	Urinals		Lav. or Wa	shbasins	Showerh	eads			
1	riivy		Grinais		1		1				
				-1:		d-, tubo	Movable	launday			
Bathtubs	Movable Ba	thtubs	Laundry ma	cnines	Fixed laune	ary tubs	tubs	lauliury			
	1										
Cook Stoves	Refrigerator	s	Garbage co	ntainers	First-aid Ki	ts	Fire Extir	nguishers (pe)			
							,,	/			
8. COMMENTS							<u> </u>				
Laundry m	achine is	locate	ed downst	airs.							
- = = = = = = = = = = = = = = = = = = =	OFFITION.	TION									
9. EMPLOYER'S	FY THAT I h	ave revi	ewed the hou	ising reg	ulations of th	he U.S. De	epartment	of Labor, l	J.S. Training and Employme	ent Service, an	d that
the housing de	scribed herei	n Mi	meets d	oes not n	neet such st	andards. I	hereby au	thorize re	presentatives of the State E at any reasonable time.	mployment Se	rvice
Employer's Signa		IIG TIGHT	ing /taninot	dion io		ed Name				Date	
0					1	Dr. 44	in 14	(na)		1-13-1	5_
10. HOUSING IN		Y: Jo	yce Hahn			J	14-1-1	70			
Signature of Auth						ed Name				Date	
1 / Min	Liel	,			J	loyce H	ahn, Pr	ogram	Coordinator	1-13-1	5
11. APPROVAL:	Housing ap	proved	for occupanc	y by wor							
Signature of Auth	orized Officia	ıl				ed Name			Candinatar	Date 1-12	10-
MA	Lal					loyce H	ann, Pr	ogram	Coordinator	1-15	17

U.S. Departmer U.S. TRAINING					ministration			S TRUC	AME AND ADDRESS	
EMPLOY	ER FURNI	SHEI	O HOUSING	G AND	FACILIT	ES	14974	STATI	E HWY 164	
1			ctions on Rever				HORN	NERSV	ILLE, MO 62855	
2. HOUSING LO	CATION						3. HOUSIN	IG DESCR	RIPTION	
515	main?	Str	est				D	10	, (
Horne	main?	e,	mo 6	38 S	2		BU	INK	Louse	
4. SLEEP ROOM			ormitory Type			h Fan	nily Type			
(No. & Measure		2	3	4	1	2	3	4	ES USE ON	LY
Length	47								5. CAPACITY (Adults) 20	
Width	226								6. REGULATIONS COMPLIAI ("x" proper box)	Yes No
Ceiling Height									Water	
Square Feet									Electricity	
No. of Rooms									Site	
No. of Beds, Single									Screening	
No. of Beds or Bunks, Double		10							Heating	
7. FACILITIES (/		h)								
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads		
2					3		3			
Bathtubs	Movable Bath	ntubs	Laundry mad	hines	Fixed laund	ry tubs	Movable I	aundry		
1							tubs			
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	s	Fire Exting			
2	2		4		a		(No. & typ	e)		
8. COMMENTS							-			
3	moke	~/	orm (1
A 5	morce	a	4, 11,7							
1 7 1	100	1.	16							
1 dr	HC C	ln	1,00							
	٨									
1 Ke	2 Mor	e	a							
9. EMPLOYER'S	CERTIFICATI	ON:						· · · · · · · · · · · · · · · · · · ·		
I CERTII	FY THAT I hav	e revie	ewed the hous	ing regu	lations of the	U.S. De	partment o	f Labor, U	S. Training and Employment S	ervice, and that
office and/or En	nployment and	Train	ing Administra	es not m ition reg	eet such sta ional office to	ndards. i o inspect i	nereby auti the above t	norize repl nousing at	resentatives of the State Emplo any reasonable time.	yment Service
Employer's Signat			1			d Name a				ate
male	1/ pur	X	4		D61	MACA	Hon	vatl	3	3/2/16
10. HOUSING IN			ce Hahn							, ,
Signature of Author	orized Official	, ,			1	d Name a				ate
(for	a Ho	~			Jo	yce Ha	ahn, Pro	gram C	coordinator	3-2-16
1. APPROVAL:	Housing appr	oved f	or occupancy	by work	ers recruited	interstate).			
Signature of Author	orized Official		,			d Name a			Da	
for	cutt.				Jo	yce Ha	ahn, Pro	gram C	oordinator 3	7-2-16

			1. EMPLOY	NA NA	ME AND ADDRESS		
U.S. Department of Labor, Employm U.S. TRAINING AND EMPLOYM	ent and Training Adn	ninistration	BIBBS	TRUC	KING		
		- A OU ITIEO			HWY 164		
EMPLOYER FURNISHED		FACILITIES			LLE, MO 62855		
1775.70000000000000000000000000000000000	tions on Reverse)		2 110110110	DECCE	UPTION		
2. HOUSING LOCATION			3. HOUSING		1		
of Mulberry St.			C:	104	etome		
Hornesville, Mo	63855			Jegy.	2 10, -		
	rmitory Type		mily Type		ES USE ONL	.Υ	
(No. & Measure) 1 2 Length // 3	3 4	1 2	3	4	5. CAPACITY		
Width // 4					(Adults) 6. REGULATIONS COMPLIAN		No
61			+-+		("x" proper box) Water	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Ceiling Height					Electricity	K	一
Square Feet					Site	À	一
No. of Rooms No. of Beds.					Screening		一
Single No. of Beds or					Heating	K	$\overline{\Box}$
Bunks Double							_
7. FACILITIES (Number of each)			Chauscha	ndo	-		
Flush Toilets Privy	Urinals	Lav. or Washbasins	Showerhe	aus			
		1	/				
Bathtubs Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable la	aundry	1		
1	-		tubs				
		F: 1 -14 161-	Fire Fyding	auichore.			
Cook Stoves Refrigerators	Garbage containers	First-aid Kits	(No. & type				
1 1	(1	2				
8. COMMENTS							
2 Smoke a	larms						
9. EMPLOYER'S CERTIFICATION:							
I CEDTIEV THAT I have rev	iewed the housing reg	ulations of the U.S.	Department o	f Labor, I	U.S. Training and Employment S	ervice, and	that
the housing described herein office and/or Employment and Trai	meets does not r	neet such standards	. I hereby aut	norize re	presentatives of the State Emplo	lyment Serv	ice
Employer's Signature	Ing Administration re	Typed Nam	e and Title	1	/ D	ate	. 1 -
Must & A MI	41	• • • • •	all 1	Hori	rat [3/2/1	14
10. HOUSING INSPECTED BY: Jo	yce Hahn	1 0 0 11					
Signature of Authorized Official		Typed Nam		aran	_	ate / \ / \ /	,
You Hat				ogram	Coordinator	71 411	2
	for occupancy by wor				In	ate	
Signature of Authorized Official	1	Typed Nam		naram	Coordinator	7/20/1	1
I (Istal Har		Joyce	mann, Pro	Jyraili	Coordinator	49//	6

U.S. Departmen	nt of Labor,	Employ	ment and Tra	ining Ad	lministration	n	1. EMPLO	OYER'S N	AME AND ADDRESS	/		
U.S. TRAINING								Trucki	ng Hwy 164			
EMPLOY			D HOUSIN		FACILIT	IES			MO 62855			
2. HOUSING LO		see instru	ctions on Rever	rse)			3. HOUSIN					
303 Mulbe												
Hornersvill						i	Single	e Home				
	-,					1						
4. SLEEP ROOM	IS	a. D	ormitory Type		T	b. Fan	nily Type					
(No. & Measure	9) 1	2		4	1	2	3	4		USE ONLY	327133	
Length	11'3								5. CAPACITY (Adults)	3		
Width	11'4								6. REGULATIONS ("x" proper box)	COMPLIANCE	Yes	No
Ceiling Height	8								Water		\boxtimes	
Square Feet	128.82	2							Electricity		\boxtimes	
No. of Rooms	1								Site		\boxtimes	
No. of Beds, Single									Screening		\boxtimes	
No. of Beds or Bunks, Double	1 2 hunk	<							Heating		\boxtimes	
7. FACILITIES (A	Number of e	ach)					Wasaning "		7.3 97215			
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads				
1					1		1					
Bathtubs	Movable B	athtubs	Laundry mad	hines	Fixed laund	dry tubs	Movable	laundry				
1							tubs					
Cook Stoves	Refrigerato	ors	Garbage cor	tainers	First-aid Ki	ts	Fire Extin	auishers				
1	1		1		1		(No. & ty)					
8. COMMENTS							2					
2 smoke al												
2 SHOKE al	arms											
9. EMPLOYER'S												
I CERTIF	FY THAT I h scribed here	ave revi	ewed the hous	sing regu	lations of th	e U.S. De	partment o	of Labor, U	.S. Training and Employersentatives of the St	loyment Service	e, and	that
office and/or En	nployment a	and Train	ing Administra	ation reg	ional office t	o inspect	the above	housing at	any reasonable time.		it derv	nce
Employer's Signat	ure	/	.1		Туре	ed Name a	ind Title			Date	,	
Jonale	& H	M	inth							1-24	-/7	7
10. HOUSING IN			ce Hahn		1-							
Signature of Author	nized Officia		1		1000	ed Name a		ogram C	oordinator	Date	1.1	7
11. APPROVAL	Housing ar	proved f	for occupancy	by work		-				1/2	(-/	
Signature of Autho			/			d Name a		-		Date		
Loy	/	Yol			Jo	оусе На	ahn, Pro	gram C	oordinator	1-2	4,	17

U.S. Departmen U.S. TRAINING						ministration	ı			AME AND ADDRESS	
ESSENTENCE AND				HOUSING		EACILIT	IE C		Truckir State	ng Hwy 164	
	LKFU			ctions on Rever		FACILIT	IL3			MO 62855	
2. HOUSING LO	CATION				/			3. HOUSIN	IG DESCF	RIPTION	
515 Main S	Street						1	Bunk	House		
Hornersvill	e, MO	638	55					377.171.111.111			
4. SLEEP ROOM (No. & Measure		1	a. Do	rmitory Type	4	1	b. Fan	nily Type	4	ES USE	ONLY
Length		47	22	7						5. CAPACITY (Adults)	26
Width	2:	26	19"							6. REGULATIONS COM ("x" proper box)	
Ceiling Height	1	10	10							Water	\boxtimes
Square Feet	265	5.55								Electricity	\boxtimes
No. of Rooms								Site	\boxtimes		
No. of Beds, Single										Screening	
No. of Beds or Bunks, Double	10 E	Bunk	3 bu	ink						Heating	\boxtimes \square
7. FACILITIES (A	lumber c					F-10071-01					
Flush Toilets	Privy			Urinals		Lav. or Wa	shbasins	Showerhe	eads		
2	ts:					3		3			
Bathtubs	Movable	e Bath	tubs	Laundry mad	hines	Fixed laund	dry tubs	Movable I	aundry		
								tubs			
Cook Stoves	Refrige	rators		Garbage cor	tainers	First-aid Ki	ts	Fire Extin	guishers		
2	2			4		2		(No. & typ	oe)		
8. COMMENTS								2			
3 smoke al											
0700 Office	•										
Recreation	Area										
9. EMPLOYER'S						.1-4:6 41-	- II C D-		£1 =b== 11	C T-vicing and F-valour	and Consider and that
the housing des	scribed h	nerein	⊠ n	neets 🔲 do	es not m	eet such sta	andards. I	hereby aut	horize rep	.S. Training and Employmresentatives of the State B	
Employer's Signat		nt and	I I rain	ing Administra	ation reg		o inspect		housing at	any reasonable time.	Date
1) anolo	(H	611	M	2		1,750	od ridino i				1-24-17
10. HOUSING IN	SPECTE	D BY:	Joy	ce Hahn					185	£	
Signature of Author	rized Of	fficial/	,		**********		ed Name a				Date
Con	111	Ha	1			J	oyce H	ahn, Pro	gram C	Coordinator	1-24-17
	-		oved f	or occupancy	by work	ers recruited	dinterstate	в.			
Signature of Author	rized Of	fficial	//				d Name a				Date
Cfor	ne	No	h			J	oyce Ha	ahn, Pro	gram C	Coordinator	1-24-17

U.S. Department U.S. TRAINING	of Labor, En	nploym .OYME	ent and Trai	ning Adn CE	ninistration	1	Brown	Brothe	me and address	
EMPLOY	ER FURNI	SHED	HOUSING	G AND	FACILITII	ES		tate Hig n, MO 6	hway VV 33857	
	,,	Instruct	ions on Rever	se)						
2. HOUSING LOC 303 3 07 Wiggs Kennett, M	Street O 63857					3	5 bedr	oom ho		
4. SLEEP ROOMS (No. & Measure		a. Dor	mitory Type	4	1 1	b. Fam	ily Type	4	ES USE O	NLY
Length	14'4	911	1 13'5	18'7	172	-			5. CAPACITY (Adults)	
Width	13'5	11	1117	9'11					6. REGULATIONS COMPL ("x" proper box)	IANCE Yes No
Ceiling Height	8	8	8	8	8				Water	
Square Feet									Electricity	
No. of Rooms									Site	
No. of Beds, Single									Screening	
No. of Beds or Bunks, Double	1 261	196	1 1261	adb	1 que	,			Heating	
7. FACILITIES (A		50.00	-		Ç					
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads		
2							2)		
Bathtubs	Movable Bat	thtubs	Laundry ma	chines	Fixed laund	dry tubs	Movable tubs	laundry		
2			(
Cook Stoves	Refrigerators	S	Garbage co	ntainers	First-aid Kit	ts	Fire Extin			
ı	(
8. COMMENTS										
Dryer										
0										
9. EMPLOYER'S	CERTIFICA	TION:		100 100						
the housing de	scribed herei	n XI r	neets d	oes not n	neet such sta	andards. I	hereby au	thorize re	J.S. Training and Employmer presentatives of the State Em at any reasonable time.	nt Service, and that inployment Service
Employer's Signa			<u> </u>			ed Name		<u> </u>		Date
Du	er (no	~			Lina	a 'I	DRe	own	12-12-18
10. HOUSING IN	ISPECTED B	Y:								
Signature of Auth	brized Officia	1				ed Name		ogram	Coordinator	Date
4	yus	lel						- Grain	Coordinator	12-12-18
11. APPROVAL: Signature of Auth			tor occupand	by by wor	kers recruite	ed Name				Date
Signature of Auth								ogram	Coordinator	12-12-18
Mode	NO									10-10-18

The state of the s	t of Labor, Emplo	()	The second secon	ministration				AME AND ADDRESS		
	3 AND EMPLOY						al Lake 2, Box	Fisheries, Inc.		
EMPLOY	ER FURNISHI			FACILITI	ES		10 656			
2. HOUSING LO		ructions on Rever	se)			3. HOUSIN	IG DESCE	RIPTION		
								udio Apartment		
Route 2, Bo						Dasei	neni ot	udio Apartinient		
,										
4. SLEEP ROOM		Dormitory Type				nily Type		ES USE (ONLY	
(No. & Measure	1	2 3	4	121	2	3	4	5. CAPACITY /		
Width								(Adults) (6. REGULATIONS COMP		N-
				24.3				("x" proper box) Water	Yes 🖂	No
Ceiling Height										믐
Square Feet				294.0	3			Electricity		믐
No. of Rooms								Site		
No. of Beds, Single								Screening		<u>Ц</u>
No. of Beds or Bunks, Double				IKI	na			Heating	\boxtimes	Ш
7. FACILITIES (A	lumber of each))					
Flush Toilets	Privy	Urinals		Lav. or Wa	shbasins	Showerh	eads			
/							/			
Bathtubs	Movable Bathtub	s Laundry mad	hines	Fixed laund	dry tubs	Movable	laundry	1		
l L						tubs				
Cook Stoves	Refrigerators	Garbage cor	tainers	First-aid Kit	ts		nguishers	1		
1	,			9	/	(No. & ty)	pe)			
8. COMMENTS										
							,			
12.	tchen &	Slane	-1	0.41		togar	Her			
KIT	tchen 4	. sieg	iks	, 4/4	ea	July				
		•	J							
9. EMPLOYER'S	CERTIFICATION	:	oina roa	ulations of th	alle D	enartment (of Labor I	J.S. Training and Employme	ent Service an	d that
the housing de	scribed herein	meets do	es not n	neet such sta	andards. I	hereby au	thorize re	presentatives of the State Er	mployment Se	rvice
		aining Administr	ation reg				housing a	t any reasonable time.	Date	
Employer's Signa	ture	//		Туре	ed Name	and Title	0	. ,,	0 27	1/
Vahel	in the	Mos			ohna	than	_ 5	lakey	7-26	-16
10. HOUSING IN		Joyce Hahn		T	al Nama	and Title		,	Date	
Signature of Auth	orized Official	1			ed Name		ogram (Coordinator	9-22-	11
JULY ASSOCIATION	War To	nd for occura-	, by wo-				- 3111		- ad	6
Signature of Ayth	Housing approve	eu ror occupanc	by won		ed Name				Date	
Signature of the							ogram (Coordinator	9-221	6
40	yes Na	v			•				1000	70

U.S. Department U.S. TRAINING					ministration	1		YER'S NA Ult LLC	AME AND ADDRESS	
	ER FURNI				FACILIT	IES		Hwy 13	9	
LIVII LOTI			tions on Rev		TAGILIT		Parag	ould, A	R 72450	
2. HOUSING LOC	CATION						3. HOUSIN	IG DESCF	RIPTION	
4508 Holly	wood St.						Mobile	e Home		
Arbyrd, MC	63821									
4. SLEEP ROOMS		a. Do	rmitory Typ	e 4	1	b. Far	nily Type 3	4	ES USE	ONLY
Length					718	8.1	11.6		5. CAPACITY (Adults)	
Width					9.6	9111	13		6. REGULATIONS COMP ("x" proper box)	LIANCE Yes No
Ceiling Height					17	7	7		Water	
Square Feet					74.8	7379	150.8		Electricity	
No. of Rooms					1	1	1		Site	
No. of Beds, Single					1				Screening	
No. of Beds or Bunks, Double					laver	1 full	1 Vino	,	Heating	
7. FACILITIES (A	lumber of eac	ch)				1	(3		
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads		
2							0	3		
Bathtubs	Movable Bat	htubs	Laundry m	achines	Fixed laun	dry tubs	Movable tubs	laundry	1	
))			lubs			
Cook Stoves	Refrigerators	3	Garbage c	ontainers	First-aid Ki	its	Fire Extin		1	
)	/		1		1		(No. & ty)	PC		
8. COMMENTS										
100)									
	rer									
	V									
9. EMPLOYER'S								ACADA TO 1000		
the housing des	scribed hereir	n 🛛 r	neets	does not n	neet such st	andards.	I hereby au	thorize rep	J.S. Training and Employme presentatives of the State E	
		nd Train	ing Adminis	tration reg	· · · · · · · · · · · · · · · · · · ·	to inspec ed Name		housing a	t any reasonable time.	Date
Employer's Signat	ure //	/			Тур	eu Mairie	And Title) _		8.70.0
10. HOUSING IN	SPECTED BY	<u>イン</u> Y:					Uy	nev	(10 01,10
Signature of Author					Тур	ed Name	and Title			Date
(1	120 C &	1	1					ogram (Coordinator	8-29-18
11. APPROVAL:	Housing app		for occupar	cy by wor	kers recruite	ed intersta	te.			
Signature of Author	orized Official				1 50	ed Name			•	Date
Cfoyo	- Hel					Joyce F	lahn, Pr	ogram (Coordinator	8-29-18

					ministratior	1			AME AND ADDRESS	
	No. & Measure) Length Width Ceiling Height Square Feet No. of Rooms No. of Beds, Single No. of Beds or Bunks, Double FACILITIES (Number of each) sh Toilets Movable Bathtubs Laundry machine 1 COMMENTS Washer and Dryer located in basemen EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing he housing described herein Meets does not office and/or Employment and Training Administration ployer's Signature HOUSING INSPECTED BY: Joyce Hahn nature of Authorized Official				FACILIT			PO Young Road cific, MO 63069 USING DESCRIPTION Imme Home PORT S. CAPACITY (Adults) 6 To G. REGULATIONS COMPLIANCE ("x" proper box) Y. Y. Y. Water 96 Electricity 96 Site 97 97 Water 97 98 Proper box 98 Proper box 99 Pro		
EMPLOY	S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING A (See Instructions on Reverse) HOUSING LOCATION Hunters Run Pacific, MO 63069 SLEEP ROOMS (N. & Measure) 1 2 3 ength Vidth Selling Height Square Feet No. of Beds, single Sun O. of Beds or Sunks, Double ACILITIES (Number of each) Sh Toilets Privy Urinals COMMENTS Washer and Dryer located in basement EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing the housing described herein The company of the component of th				Don Bok Farm 2290 Young Road Pacific, MO 63069 3. HOUSING DESCRIPTION Frame Home					
2 HOUSING LO	EMPLOYER FURNISHED HOUSING (See Instructions on Reverse) HOUSING LOCATION Hunters Run Pacific, MO 63069 SLEEP ROOMS a. Dormitory Type No. & Measure) 1 2 3 Length Width Length Width Ceilling Height Square Feet No. of Rooms No. of Beds or Sunks, Double FACILITIES (Number of each) sh Toilets Sh Stoves I						3. HOUSIN	NG DESCR	RIPTION	
Pacific, MO	0 63069									
4. SLEEP ROOM				Ι 4	1	-	-	Ι 4	ES USE	ONLY
Length	, ,			-	'	 			n	
Width						9' 10"	10' 7"		6. REGULATIONS COMP	PLIANCE Yes No
Ceiling Height						8'	8			
Square Feet				.e		114.61	126.96		Electricity	
No. of Rooms									Site	\boxtimes
No. of Beds, Single						2	1		Screening	
No. of Beds or Bunks, Double	1 1						1		Heating	\boxtimes
7. FACILITIES (/	Number of eac	h)	to vesse a							
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads		
2							2			
Bathtubs	Movable Bati	htubs	Laundry mad	chines	Fixed laun	dry tubs		laundry		
1			1				tubs			
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid Ki	its				
1	1				1		12			
8. COMMENTS										
Washer an	d Dryer lo	cated	d in basem	nent ar	ea. Tras	sh is tal	king dail	y to far	m for disposal.	
	-									
9 EMPLOYER'S	CERTIFICAT	ION:								
I CERTI	FY THAT I have	ve revi								
										mployment Service
										Date
<i></i>	3					Oon Bol	k, Owne	r		1-9-15
10. HOUSING IN	EMPLOYER FURNISHED HOUSING (See Instructions on Reverse) DUSING LOCATION Uniters Run acific, MO 63069 EEP ROOMS BEP R									
Signature of Auth	orized Official	1			5.0					Date
Coyo	" Ha	h			J	oyce H	ahn, Wo	orkforce	Specialist	1-9-15
		roved	for occupancy	by work						
Signature of Auth	orized Official	,			7.				0	Date
Loye	Hal	~			J	oyce H	ahn, Wo	orktorce	Specialist	1-7-15

U.S. Departme U.S. TRAININ EMPLO	IG AND EMP YER FURNI	LOYN ISHE	MENT SERVI	CE B ANE			Don Bok 2290 You	es name and address Farm	ureau No. 44	-1(135)
2. HOUSING LO Hunters R Pacific, M	CATION						3. HOUSING D Frame Ho			
4. SLEEP ROOM			ormitory Type		T		nily Type	ES USE ON	LY	
(No. & Measur Length	(9) 1	2	3	4	1	11' 8"	12'	5. CAPACITY 6		
Width		-				9' 10"	10' 7"	6. REGULATIONS COMPLIA		
Ceiling Height						8'	8	("x" proper box) Water	Yes	No
Square Feet						114.61	126.96	Electricity		一
No. of Rooms					-		120.00	Site		一
No. of Beds,						2	1	Screening		ㅡ
Single No. of Beds or								Heating		금
7. FACILITIES (h)						ricating		
Flush Toilets	Privy		Urinals		Lav. or Was	hbasins	Showerheads			
2							2			
Bathtubs	Movable Bati	htubs	Laundry mac	hines	Fixed laundr	y tubs	Movable laund	ry		
1			1				tubs			
Cook Stoves	Refrigerators		Garbage conf	lainers	First-aid Kits	•	Fire Extinguish (No. & type) kiddie	ers		
8. COMMENTS							Riddie			-
Washer an	d Dryer loo	cated	l in basem	ent ar	ea. Trasł	n is tak	ing daily to	farm for disposal.		
the housing de	FY THAT I hav scribed herein	e revid	neets 🔲 doe	s not m	eet such stan	dards. Li	nereby authorize	or, U.S. Training and Employment Se e representatives of the State Employ ng at any reasonable time.		
Employer's Signal		5	2		Typed	Name a		Da	ite	2 - 2
10. HOUSING IN	SPECTED BY	Joy	ce Hahn							
Signature of Author	orized Official	/			700	Name a		rce Specialist	te	
11. APPROVAL:	Housing appr	oved for	or occupancy I	by work	ers recruited i	nterstate				
Signature of Author				•	Typed	Name a	nd Title	rce Specialist	te	

Form Approved

		······································		manus energy Areas areas	man your second and the second	MANAGEMENT OF THE PARAMETER OF THE	I CADIO	WEING M		get Bureau No. 44-R1
U.S. TRAININ	ent of Labor, End NG AND EMPL YER FURNIS	OYN SHE	MENT SERV	CE G ANI			Don E 2290	Bok Far Young c, MO 6	Road	
2. HOUSING LO		1112111	actions on here.	136)			3. HOUSIN	IC DESC	DIDTION	
Hunters R Pacific, M	Run							Home		
4. SLEEP ROOM	MS (re) 1	a. D	ormitory Type		1		nily Type		ES USE	ONLY
Length	10)		3	4	1	11' 8"	12'	4	5. CAPACITY 6	
Width						9' 10"	10' 7"		6. REGULATIONS COMP	
Ceiling Height		~				8'	8		("x" proper box) Water	Yes N
Square Feet						114.61	126.96		Electricity	
No. of Rooms						114.01	120.00		Site	
No. of Beds,	of Beds,					2	1	######################################	Screening	
Single No. of Beds or	of Beds or					-	1		Heating	
Bunks, Double							<u></u>		ricamy	
Flush Toilets	Privy		Urinels		Lav. or Wa	ashbasins	Showerhe	ads		
2							2			
Bathtubs	Movable Bath	lubs	Laundry mad	hines	Fixed laun	dry tubs	Movable la	aundry		
1			1				tubs			
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid K	its	Fire Exting (No. & type	8)		
8. COMMENTS	<u> </u>				<u> </u>		kiddie			
. EMPLOYER'S	CERTIFICATIO	ON:			and the second seco				n for disposal. S. Training and Employme	nt Specime and the
the housing des	scribed herein	⊠ m	neets doe	s not m	eet such sta	indards. I l	hereby auth	orize repr	esentatives of the State En any reasonable time.	nployment Service
mployer's Signat				-9.	Туре	d Name a	nd Title	<u> </u>		Date
(13)	2		D	on Bok	Owner			1-16-1
O. HOUSING IN		Joy	ce Hahn				1 90.1			10-1-
ignature of Autho	orized Official	1	Ž			d Name a		kforce	Specialist	Date /-/6/7
	Housing approv	ved fo	or occupancy l	y worke	ers recruited	interstate	,			Harris Value of the Control of the C
ignature of Autho	orized Official	/	· · · · · · · · · · · · · · · · · · ·		Туре	d Name a	nd Title	kforce	Specialist	Date 1-16-17
100	ice Na	N								FORM ES-338-R2

U.S. Department U.S. TRAINING	OYM		CE		Don Bok Farm							
	(See 1	Instruc	tions on Rever	se)			N 1011 1010 1010 1010 1010 1010 1010 10	•				
2. HOUSING LO	CATION			- XXXII - XXX			3. HOUSIN	IG DESCF	RIPTION			
Hunters Ru Pacific, MC							Frame	Home				
4. SLEEP ROOM			rmitory Type				nily Type		ES	USE ONLY		
(No. & Measure) 1	2	3	4	1	2	3	4	5. CAPACITY	6		
Length						9' 10"	10' 7"		(Adults) 6. REGULATIONS			
Width						8'	8		("x" proper box) Water		Yes	No.
Ceiling Height			_			114.61	126.96		Electricity			一
Square Feet No. of Rooms						114.01	120.00		Site	W-10		一
No. of Beds,	o. of Beds, ngle					2	1		Screening			一
Single No. of Beds or	ingle						1		Heating		\boxtimes	一
	No. of Beds or Bunks, Double FACILITIES (Number of each)								1,0019			
7. FACILITIES (A	Privy	1)	Urinals		Lav. or Wa	ehhaeine	sins Showerheads		1			
	Filvy		Officials		Lav. Of Wa	13110431113	2					
2												
Bathtubs	Movable Bath	tubs	Laundry ma	chines	Fixed laund	dry tubs	Movable laundry tubs					
1			1									
Cook Stoves	Refrigerators	-	Garbage cor	ntainers	First-aid Ki	its	Fire Extin		1			
1	1				1		(No. & ty)					
8. COMMENTS					L		_ Kidai					
	d Dryer loc	ater	l in hasen	nent ar	ea Tras	sh is tal	king dail	v to far	m for disposal.			
vvasilei aii	u Diyei loc	alec	i iii bascii	iciit ai	ca. ITa	311 13 ta	King dan	y to lan	in for dioposa			
9. EMPLOYER'S	CERTIFICATI	ON:	d Ab b		ulations of th	hall C D	onartment (of Labor I	J.S. Training and Em	nlovment Servi	ce an	d that
the housing de	scribed herein	⊠r	neets de	es not n	neet such st	andards.	I hereby au	thorize rep	presentatives of the S	State Employme	ent Ser	rvice
office and/or E	mployment and	Train	ning Administ	ation reg	gional office	to inspec	t the above	housing a	t any reasonable time	e.		
Employer's Signa	ture		-		100	ed Name		-		Date	,,,	
						סם ווטכ	k, Owne			1-11	16	
	10. HOUSING INSPECTED BY: Joyce Hahn									Date		
Signature of Auth	Signature of Authorized Official						and Title	orkforce	e Specialist	1_1	1/-1	6
1040	1. APPROVAL: Housing app/oved for occupancy by workers									1/7	/ /	
11. APPROVAL: Signature of Auth	A /I	roved	tor occupanc	y by work		ed Name				Date	100	
Signature of Auth	Unized Unicial	1	_					orkforce	e Specialist	1-	11-10	
- V91	- Oyle Hel							week military and comme		1 1 7	115	

U.S. TRAIN	The second secon								Form A Budget	pproved Bureau No. 44	-R13
EMPLO	nent of Labor, ING AND EM	NISHE	TENT SELVA	G AND				Lawn Bisho	AME AND ADDRESS Nursery		
2. HOUSING	LOCATION	see instru	ictions on Rever	se)			3. HOUSING	DESC	PIPTION		
Same as	s Worksite						Bunkho	ouse (Morton Building type) area and restroom wit	with set ush bedroom	ms
4. SLEEP ROC (No. & Meason		-	ormitory Type			-	nily Type		ES USE O	NLY	
Length	8'5"	8'5	3	4	1 7150	2	3	4	5. CAPACITY 6		
Width				9'5"	7'5"	8'			(Adults) 6 6. REGULATIONS COMPLETE	IANCE	
	8'5"	8'5	" 12'	8'5"	11'	12'			("x" proper box)	Yes	N
Ceiling Heigh	ht 8'	8,	8'	8,	8'	8,			Water		L
Square Feet	711	71	89'	80'	83'	96'			Electricity		L
No. of Rooms									Site	\boxtimes	
No. of Beds, Single	1	1	1	1	1	1			Screening	\boxtimes	C
A CONTRACTOR OF THE PROPERTY O	lo. of Beds or unks, Double							Heating	\boxtimes	Г	
	ACILITIES (Number of each)								23'X19' Kitchen and Rec are		
1 Pathtubs	sh Toilets Privy Urinals 1 Movable Bathtubs Laundry machines					dry tubs	1 Movable la tubs	undry	Clothesline out side for dryin	ng clothes.	
1 1 pok Stoves Refrigerators Garbage containers				ainers	First-aid Kit	'S	Fire Extings (No. & type 1 abc				
1	2						1 abc	-		NAME OF TAXABLE PARTY.	
	12 inches a			rooms	5		1 abc				
Dersonal s EMPLOYER'S I CERTIL the housing der	12 inches a storage in a s CERTIFICAT IFY THAT I havescribed herein imployment and	ill occ	upied bed	ng regu	lations of the set such sta onal office to Type	ndards. I o inspect d Name a	partment of hereby auth- the above he and Title	orize rep ousing a	J.S. Training and Employmen presentatives of the State Em it any reasonable time.	nt Service, an ployment Se	d th
Dersonal s EMPLOYER'S I CERTII the housing decoffice and/or Erroployer's Signal	12 inches a storage in a storag	ION: Ve revier Mrainir	wed the housi	ng regu	lations of the set such sta onal office to Type	ndards. I o inspect d Name a	partment of hereby authorithe above ho	orize rep ousing a	presentatives of the State Em it any reasonable time.	ployment Se	rvic
Dersonal s EMPLOYER'S I CERTII the housing de- office and/or Er nployer's Signal	atorage in a storage in a stora	ION: Ve revier Mrainir	upied bed	ng regu	lations of the set such sta onal office to Type R	ndards. I o inspect d Name a oland L	partment of hereby auth- the above he and Title Lenzenhu	orize rep ousing a	presentatives of the State Em it any reasonable time.	Date	rvic
Dersonal s EMPLOYER'S I CERTII the housing de- office and/or Er nployer's Signal	atorage in a storage in a stora	ION: Ve revier Mrainir	wed the housi	ng regu	lations of the set such sta onal office to Type R	ndards, I o inspect d Name a oland L	partment of hereby auth- the above ho and Title _enzenhu	orize repousing a	presentatives of the State Em it any reasonable time.	Date Date	rvio
Dersonal s EMPLOYER'S I CERTIL the housing decoffice and/or Er apployer's Signal HOUSING IN	atorage in a storage in a stora	ION: ve review Trainir Joyo	wed the housi eets doeing Administrate	ng regul	lations of the eet such sta onal office to Type R	ndards. I o inspect d Name a oland L d Name a	partment of hereby authoritie above he and Title Lenzenhu	orize repousing a	oresentatives of the State Em it any reasonable time.	Date	rvio
Dersonal s EMPLOYER'S I CERTII the housing decoffice and/or Erroployer's Signal	atorage in a storage in a stora	ION: ve review Trainir Joyo	wed the housi eets doeing Administrate	ng regul	lations of the set such state onal office to Type Richard Type Joens recruited	ndards. I o inspect d Name a oland L d Name a	partment of hereby auth- the above he and Title Lenzenhu	orize repousing a	oresentatives of the State Em it any reasonable time.	Date Date	rvio

U.S. TRAINING	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIE (See Instructions on Reverse) HOUSING LOCATION								ME AND ADDRESS Nursery p Rd		
2. HOUSING LO	CATION						3. HOUSIN	G DESCF	RIPTION		
Same as W	/orksite								Morton Building type area and restroom w		
							on bot	h sides			
4. SLEEP ROOMS			rmitory Type				nily Type		ES USE	ONLY	
(No. & Measure		2	3	4	1	2	3	4	5. CAPACITY 6		
Length	8'5"	8'5'	7'5"	9'5"	7'5"	8'			(Adults) 6. REGULATIONS COMP	LIANCE	
Width	8'5"	8'5'	12'	8'5"	11'	12'			("x" proper box)	Yes	No
Ceiling Height	8'	8'	8'	8'	8'	8'			Water	\boxtimes	
Square Feet	71'	71'	89'	80'	83'	96'			Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds, Single	lle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	1			Screening	\boxtimes	
No. of Beds or Bunks, Double	No. of Beds or Bunks, Double								Heating	\boxtimes	
	Bunks, Double								23'X19' Kitchen and Rec a	ırea.	
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	sins Showerheads		Clothesline out side for dry	vina clothes	
1					1		1				
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable	laundry			
1			1				tubs				
Cook Stoves	Refrigerators		Garbage cor	tainers	First-aid Ki	its	Fire Extin	guishers			
1	2		1		1		(No. & ty)	oe)			
8. COMMENTS							1 ab				
Beds are 1 Personal st				droom	s						
the housing des	FY THAT I ha scribed herein	ve revi	neets 🔲 do	es not m	neet such sta jional office	andards. I to inspect	hereby aut	thorize rep	J.S. Training and Employme presentatives of the State El t any reasonable time.	ent Service, and mployment Ser	d that vice
Employer's Signal	ture	,	611			ed Name		whan C)	Date	(-7
Hor	1 fe	W		4	F	Koland	Lenzenh	luber, C	owner	1-21	//
10. HOUSING IN		r: Jo	yce Hahn		1=	ad Nama	TAI-			Date	
Signature of Author	orized Official	Se	1			ed Name loyce H		ogram (Coordinator	1-27	17
11. APPROVAL:	/ 1	roved	for occupancy	by work	ers recruite	d intersta	te.				
Signature of Author	orized Official	11	/			ed Name				Date	
Chory		J	loyce H	lahn, Pro	ogram (Coordinator	1-21-1	7			

U.S. Department U.S. TRAINING	AND EMPI	SHED	HOUSING	E AND			Forest	t Lawn I	ME AND ADDRESS Nursery o Rd		
	1	Instruc	tions on Revers	ie)					DIDTION		
2. HOUSING LO						1	3. HOUSIN				
Same as W	/orksite						Bunkh	iouse (I	Morton Building type) area and restroom wi	with set up of	
								th sides		in beardonis	
4. SLEEP ROOMS (No. & Measure		a. Do	mitory Type	4	1	b. Fam	nily Type	4	ES USE C	DNLY	
Length	8'5"	8'5"		9'5"	7'5"	8'			5. CAPACITY (Adults) 6		
Width	8'5"	8'5"	12'	8'5"	11'	12'			REGULATIONS COMPL ("x" proper box)	IANCE Yes No	
Ceiling Height	8'	8'	8'	8'	8'	8'			Water		
Square Feet	71'	71'	89'	80'	83'	96'			Electricity		
No. of Rooms		-							Site		
No. of Beds, Single	or I I I					1			Screening		
No. of Beds or Bunks, Double	uble								Heating		
7. FACILITIES (A	ES (Number of each)								23'X19' Kitchen and Rec ar	ea.	
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	sins Showerheads		Clothesline out side for dryi	ing clothes.	
1					1		1				
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laun	dry tubs	Movable	laundry			
. 1			1				tubs				
Cook Stoves	Refrigerators	3	Garbage con	tainers	First-aid K	its	Fire Extinguishers				
1	2		1		1		(No. & ty)				
						1 abc					
Beds are 1 Personal s				droom	S						
the housing de	FY THAT I ha	ve revi	neets do	es not m	neet such st	tandards.	I hereby au	thorize re	J.S. Training and Employmen presentatives of the State En at any reasonable time.	nt Service, and that nployment Service	
Employer's Signa			1/		Тур	ed Name	and Title	Meshalir — Tobas		Date	
Rela	1 Lev	us			F	Roland	Lenzenh	nuber, (Jwner	1/-14-16	
10. HOUSING IN		Y/ Jo	yce Hahn			- 1 51	TW-			Date	
Signature of Auth	orized Officia	L			1 -	ed Name Joyce H		ogram (Coordinator	1-14-16	
11 APPROVAL	Housing and	proved	for occupancy	/ by worl							
1//	///					ed Name				Date	
CANG	11. APPROVAL: Housing approved for occupancy by works Signature of Authorized Official					Joyce Hahn, Program Coordinator					

										Bureau No. 44-	R1358
U.S. Departmen	t of Labor, E	mployn	ent and Trai	ning Adr	ninistration	ı	1, EMPLO	YER'S NA	AME AND ADDRESS	*	
U.S. TRAINING	AND EMP	LOYM	ENT SERVI	Œ					Nursery		
EMPLOY	ER FURNI	SHED	HOUSING	AND	FACILITI	IES		Bisho	p Rd		
	(See	: Instruo	tions on Rever	se)			Jones	burg			
2. HOUSING LO	CATION						3. HOUSIN	G DESCF	RIPTION		
Same as V	Vorksite						Bunkh	ouse (Morton Building type)	with set u	p of
							Kitche	n, rec a	area and restroom wit		
							on bot	th sides	.	2.	
4. SLEEP ROOM	S	a. Do	mitory Type		T	b. Far	mily Type		ES USE C	NI V	
(No. & Measure) 1	2	3	_4	1_1_	2	3	4	E DADADITY	/NET	
Length	8'5"	8'5'	7'5"	9'5"	7'5"	8'			5. CAPACITY 6		
Width	8'5"	8'5'	12'	8'5"	11'	12'			6. REGULATIONS COMPL ("x" proper bax)	IANCE Yes	No
Ceiling Height	8'	8.	8,	8.	8,	8'			Water	\boxtimes	
Square Feet	71'	71'	89,	80,	83'	96'			Electricity		
No. of Rooms									Site		
No. of Beds, Single	ingle 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								Screening	\boxtimes	
No. of Beds or Bunks; Double	No. of Beds or Bunks, Double								Heating		
7. FACILITIES (1	Number of each	ch)							23'X19' Kitchen and Rec ar	ea.	
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	ins Showerheads		Clothesline out side for dryi	na clothes.	
1					1		1 .				
Bathtubs	Movable Ba	thtubs	Laundry ma	chines	Fixed laun	dry tubs					
l 1			1				tubs				
Casto Staves	Define		Cashaga	tainam	First aid K	ita	Fire Extinguishers		-	8:	
Cook Stoves	Refrigerator	5	Garbage col	itainers	First-aid K	115	(No. & type)				
1	2		1		1		1 ab	C		5	
8. COMMENTS	•										
Beds are 1	2 inches	above	floor							¥.	
Parcapala	torogo in	مم الم	ounled be	droom	c						
Personal s	torage in	all UU	cahiea ne	QI QQI II	3						
										*	
9. EMPLOYER'S	CERTIFICA	TION:	nund the b	ning ===	ulatians of a	haller)anadmar!	of Labor	U.S. Training and Employme	nt Sancica and	d that
the housing de	scribed herei	п 🖾	meets de	oes not n	neet such st	tandards.	I hereby au	rthorize re	presentatives of the State En	nployment Sei	rvice
office and/or E	mployment a	nd Trail	ning Administ	ration reg	ional office	to inspec	t the above	housing	at any reasonable time:		
Employer's Signa	ature				1		and Title			Date	. /
Rober	1 hen	zan	her		1	Roland	Lenzen	huber, (Owner	1-10	75
10. HOUSING IN		2000	yce Hahn								
Signature of Auth	orized Officia	4	,				and Title		Coordinates	Date / J.~	,
for	e the	and						ogram	Coordinator	1-13-	7
11. APPROVAL		7100 7	for occupance	y by wor						Data	
Signature of Auth	nonzed Officia		1				e and Title	narom	Coordinator	Date	
100	11.00	Tar	(,		ionui, FI	ogram		1/-/3-	1

FORM ES-338-R2 R-JULY 1969 AI

EMPLOY	G AND EMPL 'ER FURNIS	OYME SHED		E AND		Frey Brothers					
2. HOUSING LO						3	B. HOUSIN	G DESCR	RIPTION		
1711 Prog Kennett, M	ress Dr.						Housi	ng is up	stairs at business lo	cation.	
4. SLEEP ROOM	-		mitory Type				ily Type	4	ES USE	ONLY	
(No. & Measure	e) 1 38'5	2	3	4	1	2	3	4	5. CAPACITY 10		
Width	23'6								6. REGULATIONS COMP	LIANCE	
					-				("x" proper box) Water	Yes	
Ceiling Height									Electricity		_
Square Feet 908.6 No. of Rooms 1					-				Site		
No. of Beds, Single				-	-			Screening		_	
, I b I								Heating		-	
Bunks, Double	Bunks, Double 2 bunks								neating		-
	. FACILITIES (Number of each)				Lav. or Wa	ashhasins	Showerh	eads	1		
1	ush Toilets Privy Urinals					33110401113	1	0000	,		
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laun	ndry tubs	Movable tubs	laundry			
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid K	(No. & type)					
	tectors										
9. EMPLOYER' I CERT	S CERTIFICAT TIFY THAT I ha escribed hereir	ve revie	neets do	oes not n	neet such st gional office	tandards. I to inspect	the above	ıthorize re	J.S. Training and Employmersentatives of the State Eat any reasonable time.	imployment Se	nd :rv
9. EMPLOYER' I CERT	S CERTIFICAT TIFY THAT I ha escribed hereir Employment an	ve revie	neets do	oes not n	neet such st gional office Typ	tandards. I to inspect ped Name	the above and Title	thorize re housing a	presentatives of the State E	ent Service, ar Imployment Se	nd erv
9. EMPLOYER' I CERT the housing d office and/or l	S CERTIFICAT IFY THAT I ha escribed herein Employment an	ve revie	neets do	oes not n	neet such st gional office Typ	tandards. I to inspect ped Name	the above and Title	thorize re housing a	presentatives of the State E at any reasonable time.	imployment Se	nd erv
9. EMPLOYER' I CERT the housing d office and/or I Employer's Sign	S CERTIFICAT IFY THAT I ha escribed hereir Employment an ature NSPECTED B'	ve revie n	neets do	oes not n	neet such sigional office Typ	tandards. I to inspect bed Name Tony Ph	the above and Title nillips, C	thorize re housing a	presentatives of the State E at any reasonable time.	imployment Se	nd inv
9. EMPLOYER' I CERT the housing d office and/or t Employer's Sign	S CERTIFICAT IFY THAT I ha escribed hereir Employment an ature NSPECTED B' thorized Official	ve revien man man man man man man man man man ma	neets dong Administr	pes not m	reet such sigional office	tandards. I to inspect bed Name Tony Ph bed Name Joyce H	hereby at the above and Title nillips, C and Title lahn, Pr	thorize re housing a	presentatives of the State E at any reasonable time. perations Officer	Date	

U.S. Departmen U.S. TRAINING					ministration	n			AME AND ADDRESS		
	ER FURNI				FACILIT	IFS		Brothers Progres			
			ctions on Reve		AOILII	ILO	Kenne	ett, MO	638557		
2. HOUSING LO	CATION		240132				3. HOUSIN	IG DESC	RIPTION		
1711 Progr Kennett, M		,									
4. SLEEP ROOM			ormitory Type		1		mily Type	T = 2	ES USE C	DNLY	
(No. & Measure	38'5	2	3	4	1	2	3	4	5. CAPACITY		
Width	-			-					(Adults) [C	IANCE	
	23.6	<u> </u>		-	-	-	-		("x" proper box)	Yes	No
Ceiling Height	8					-			Water		屵
Square Feet	908.6								Electricity	<u> </u>	<u> </u>
No. of Rooms	of Beds,								Site		$\underline{\sqcup}$
Single	gle 🕜 of Beds or 🔾								Screening	×	
No. of Beds or Bunks, Double	of Beds or s, Double								Heating	\square	
	ACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerhe	eads			
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laun	dry tubs	s Movable laundry tubs				
			1								
Cook Stoves	Refrigerators	3	Garbage co	ntainers	First-aid K	its	Fire Extin				
B 1	2)			(No. & type)					
8. COMMENTS					-			/			
2 regr											
1 Dru	Ser.										
1 Dru Smi	Ke	De	tect	240							
9. EMPLOYER'S			ewed the ho	usina rea	ulations of th	ne IIS D	enartment o	of Labor I	J.S. Training and Employmen	t Service and	that
the housing des	scribed herein	ı 🛛 r	neets 🗌 d	oes not n	neet such st	andards.	hereby aut	horize rep	resentatives of the State Em		
Employer's Signat		U IIaiii	ing Administ	ration reg	-	ed Name		ilousing a	t any reasonable time.	Date	
1	1///				T	24/ 7	h.1100	Ch.	of Oscilations Office	1-24-1	17
10. HOUSING IN	ce Hahn			/	Tellips	(Telegramer Otto				
Signature of Author	orized Official	,				ed Name		V-		Date	
Joy	Joyce Hah							ogram C	Coordinator	1-24-1	7
	Housing app		for occupano	y by work		d interstated Name				Date	
Signature of Author	Jized Official	/						ogram (Coordinator	1 7/1	7
you,	1ce Mh	1	-			-,		3. 3		1-07-1	

U.S. Department U.S. TRAINING	AND EMPI	LOYMI	ENT SERVIC	CE			1. EMPLOYER'S NAME AND ADDRESS Flick Seed Company 1764 NW 50 Road					
EMPLOYE			HOUSING		FACILITI	ES			64061			
2. HOUSING LOC		Mistrice	nons on revers			- 13	. HOUSIN	G DESCR	IPTION			
1781 NW R Kingsville, M	oad 50	1					5 roon	n home				
4. SLEEP ROOMS			rmitory Type				ily Type		ES U	SE ONL	Y	
(No. & Measure)	1	2	3	4	1	2	3	4	5. CAPACITY	6		-
Length	10'2	11'1							(Adults) 6. REGULATIONS C		CE	
Width	13'1	11'1							("x" proper box)		Yes	No 🗆
Ceiling Height	8	8							Water			믬
Square Feet	133.62	123.2	21						Electricity			뷔
No. of Rooms	1							Site			ᆜ	
No. of Beds, Single	1							Screening				
No. of Beds or Bunks, Double	s or 1 bk 1 bk								Heating		\square	
7. FACILITIES (N	le											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads				
1							1					
Bathtubs	Movable Ba	thtubs	Laundry mad	chines	Fixed laund	dry tubs	ubs Movable laundry tubs					
1			1				tubs					
Cook Stoves	Refrigerator	rs	Garbage cor	ntainers	First-aid Ki	ts	Fire Extin					
1	1		1		1	(No. & type)						
8. COMMENTS									•			
9. EMPLOYER'S	CERTIFICA	TION:			ulations of t	holls D	nartment	of Labor 1	U.S. Training and Emp	olovment Se	ervice, an	d that
the housing de	scribed here	in 🔀	meets de	oes not r	neet such st	andards.	hereby au	ithorize re	presentatives of the St	tate Employ	yment Se	rvice
	4	nd Trai	ning Administ	ration re				housing a	at any reasonable time	Da	ate	
Employer's Signa	fure B				Тур	ed Name	1 0	./.		2	/28/	18/
10 HOHEING IN	ISPECTED	2V: Ic	wso Hahn			CTTO	L Va	riger		7	-0/	0
	HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official									Da	ate	
Douce 9	. / .					ed Name Joyce H		ogram	Coordinator		2/28/1	8
11 AFPROVAL:		proved	for occupance	y by wor	kers recruite	ed intersta	te.					
Signature of Auth			•			ed Name				Da	ate	
Jouce 9	,				Joyce Hahn, Program Coordinator 2/28/18						8	

U.S. Department U.S. TRAININ	nt of Labor, E	mploy	ment and Tra	ining Ac	lministration	1. EMPLOYER'S NAME AND ADDRESS Flick Seed Company					
					EACH IT			Seed C NW 50			
LIVIPLO	YER FURN (Se		ctions on Rever		FACILITI	E2		74 N. T. 17 N. T. 17 N. T. 1.	O 64061		
2. HOUSING LO			on rever	50)			3. HOUSIN	IG DESCR	RIPTION		
1781 NW	Road 50	1						n home	one camen		
Kingsville,	WO 6406	1									
4. SLEEP ROOM	1S	a. D	ormitory Type		T	b Fan	nily Type				
(No. & Measure	e) 1	2		4	1	2	3	4	ES USE	ONLY	
Length	10'2	11	1						5. CAPACITY (Adults)		
Width	1311	111	1						6. REGULATIONS COMF ("x" proper box)	PLIANCE Yes No	
Ceiling Height	8	8							Water		
Square Feet	133.62	125	21						Electricity		
No. of Rooms	No. of Beds,								Site		
Single	Single No. of Beds or								Screening		
	Bunks, Double DK NK								Heating	\square	
7. FACILITIES (I	1	:h)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads			
/							/				
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	ry tubs					
			/				tubs				
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kits	S	Fire Exting				
1	1		/		1		(No. & typ	e)			
8. COMMENTS											
h											
9. EMPLOYER'S	CERTIFICAT	ION:							The second of th		
I CERTII	FY THAT I have	e revie	ewed the hous	ing regu	lations of the	U.S. De	partment of	f Labor, U	S. Training and Employme	nt Service, and that	
office and/or Er	nployment and	Train	ing Administra	tion regi	eet such star ional office to	inspect t	hereby auti he above h	norize repi nousing at	resentatives of the State Er any reasonable time.	nployment Service	
Employer's Signat		. \				Name a				Date	
MON	ULL			10	dole	MW	1800	Office Admir	5/16/17		
10. HOUSING IN		: Joy	ce Hahn					•			
Signature of Author	orized Official					Name a		_		Date	
Lfor	Cfaga Hol							gram C	oordinator	15-16-17	
- //	Housing app	or occupancy	by work						In-t-		
Signature of Author		al				Name a		aram C	oordinator	Date	
(10)	yce//Va	win		400	30	Joyce Hahn, Program Coordinator					

U.S. Departme					lministratio	Stration 1. EMPLOYER'S NAME AND ADDRESS S.A. F-1:CK Seed Co. P.O. BOX 128 Kingsville MO 64061 3. HOUSING DESCRIPTION				
U.S. TRAININ					EACH IT	150	5.A.	1-110	K Seed Co.	
EMPLO			O HOUSING ctions on Revers		FACILII	IE9	1. O.	1001	120	/ /
2. HOUSING LO	Total Control	e man u	citons on Revers	c)			7\109	SVIII	e 1110 670	61
1781 N							Sins	le f	family frame	2
Kingsvil		06	4061				dwe	elling		
4. SLEEP ROOM		a. Do	ormitory Type	4	1	b. Far	nily Type	4	ES USE	ONLY
Length	- 1	15		4	+-'-	2	3	-	5. CAPACITY	7
Width	12'	16			-				(Adults) 6. REGULATIONS COM	
Ceiling Height		1	1/5/		-	<u> </u>			("x" proper box) Water	Yes No
	- 0	8	322		-				Electricity	
Square Feet	180	24	0 228							
	No. of Beds,								Site	
Single					-			Screening		
Bunks, Double	No. of Beds or Bunks, Double								Heating	
7. FACILITIES (Number of eac	h)								
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	sins Showerheads			
1		j			1					
Bathtubs	Movable Bat	htubs	Laundry mach	ines	Fixed laund	dry tubs				
1			\sim				tubs			
Cook Stoves	Refrigerators		Garbage conta	inere	First-aid Ki	te	Fire Extin	auishers		
COOK Stoves	Reingerators		Garbage Conta	anners	r irst-aid Ki	st-aid Kits Fire Extinguishers (No. & type)				
}	1		1		l					
8. COMMENTS	build	be	FOTO 19	80						
)									
9. EMPLOYER'S										
I CERTII	FY THAT I hav	e revie	wed the housing	ng regu	lations of th	e U.S. De	partment o	f Labor, U horize repi	S. Training and Employm resentatives of the State E	ent Service, and that imployment Service
office and/or Er	mployment and	I Traini	ng Administrati	on regi	onal office t	o inspect t	the above h	nousing at	any reasonable time.	
Employer's Signat	ture)				d Name a			7 +	Date
Kath	y K	40	en		R	athy	Ky9	n	secretary	4-2-15
10. HOUSING IN	SPECTED BY	: /				,				
Signature of Author	Signature of Authorized Official						nd Title		0	Date
Debu	Debia Merush						Mon	itor	Advocate	4-2-15
11. APPROVAL:		oved fo	or occupancy b	y worke						
ignature of Autho	orized Official	,	• .			d Name a			0	Date
1 Dela	0 11	10 m	. Algi		15	tate	11/00	itor	Advocate	4-2-15

U.S. Departmen	nt of Labor, E	mploy	ment and Tra	ining A	dministration							
U.S. TRAININ									Conultants, LLC			
EMPLOY			D HOUSIN		FACILIT	IES		Broadv tt, MO				
2 HOUSING LO		e Instri	uctions on Rever	·se)								
2. HOUSING LO							3. HOUSIN		100 to			
10905 Cou Sarcoxie, I							3 bedi	room h	ouse			
4. SLEEP ROOM	IS	a. D	ormitory Type			h Far	nily Type		T			
(No. & Measure		2		4	1	2	3	4	ES USE	ONLY		
Length					11	11	12'8		5. CAPACITY (Adults)			
Width					11	11	12		6. REGULATIONS CON ("x" proper box)		Yes	No
Ceiling Height									Water		\boxtimes	
Square Feet					121	121	153.60		Electricity		\boxtimes	
No. of Rooms				,				Site		\boxtimes		
No. of Beds, Single No. of Beds or	ds or				1	#		Screening		\boxtimes		
Bunks, Double	uble					1		Heating		\boxtimes		
	(Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
2							2					
Bathtubs	Movable Bati	htubs	Laundry mac	hines	Fixed laund	fry tubs	,					
C. g			1				tubs					
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	st-aid Kits Fire Extinguish						
1	1				1	1		e)				
8. COMMENTS							1 abc					
9. EMPLOYER'S	CERTIFICATI	ON:										
I CERTIF	Y THAT I hav	e revie	ewed the hous	ing regu	lations of the	e U.S. De	partment of	Labor, U.	S. Training and Employm	ent Service	, and f	that
the housing des office and/or Em	cribed herein iployment and	r ⊠ Train	neets doe ing Administra	s not m tion reai	eet such star onal office to	ndards. I n inspect f	hereby auth	norize repr	resentatives of the State E any reasonable time.	mployment	Servi	ce
Employer's Signatu	ire //		Kint	3 Ba	Туре	d Name a	nd Title			Date		
LIME	efte	1	7 igen	7. 40 h	Mono .	MYLE	B. Bo	UNO	US			
10. HOUSING INS	PECTED BY	oyلر	ce Hahn									
Signature of Author	rized Official	/	/		Турес	d Name a	nd Title			Date	-	
Charle	, Ha	h			Jo	усе На	ahn, Prog	gram C	oordinator	12-2	10-1	4
1. APPROVAL:	Housing appr	oved f	or occupancy l	by worke						100	//	/
ignature of Author		//				Name a				Date		
Loya Hel					Jo	Joyce Hahn, Program Coordinator						4

										Form Approve	d	
U.S. Departi U.S. TRAIN	UNG AND	EMPLO JRNISH	YME IED I	NT SERV	/ICE I <mark>G AN</mark>	Administration		Grass 218E			I NO. 4	4-R1
2. HOUSING	LOCATION						Marcon	3. HOUSIN	IG DESC	PIPTION		
10905 C Sarcoxie	ounty Ro , MO 64	oad 10 862	19ACDS position						room h			
4. SLEEP ROC		a.		llory Type			b. Fe	mily Type		50 1107 51111		
Length	0,0)		2	3	4	1 1	2	3	4	ES USE ONLY		
Width	-+	+		ļ	-	11	11	12'8		(Adults) 5		
						11	11	12		6. REGULATIONS COMPLIANCE ("x" proper box)	Yes	No
Celling Heigh	ht									Water	Ø	Ť
Square Feet	No. of Rooms					121	121	153.60		Electricity		F
	lo. of Beds, Single									Site		F
No. of Beds, Single								+				H
No. of Beds o		1	\dashv					1				
No. of Beds or Bunks, Double FACILITIES (Number of each)		each)								Heating		<u>L</u>
ush Tollets 2	Privy		Urinals			Lav. or Washbasins		Showerhes 2	ıds			
thlubs 2	Movable I	3athtubs	Laundry machines			Fixed laundi	y tubs	Movable lai	undry			
ook Stoves 1	Refrigerat	ors				First-aid Kits		Fire Extingu (No. & type)	ishers			
COMMENTS											SERVICE AND ADDRESS OF THE PARTY OF THE PART	Charleston
ffice and/or Em	Y THAT I had the cribed hereing ployment and	ave revie				nal office to in	aros. I ne ispect the	s above hou		Training and Employment Service, a entatives of the State Employment S y reasonable time.	and the	at .
I CERTIF	Y THAT I had the cribed hereing ployment and	ave revie				nal office to in		s above hou		entatives of the State Employment S ly reasonable time.	ervice	at
I CERTIF ne housing desc ffice and/or Em ployer's Signatu	Y THAT I he cribed herei ployment a	ave revie n M m nd Trainir	ng Adı	ministratio		nal office to in	aros. I ne ispect the	s above hou		entatives of the State Employment S y reasonable time.	ervice	at
I CERTIF ne housing description and/or Employer's Signatu HOUSING INSI	Y THAT I his cribed hereinployment and the provided HTML Reported BY	ave revie n m md Trainli Y: Joyc		ministratio		Typed N	ards. The nspect the Name and	seby author e above hou i Tille		entatives of the State Employment S by reasonable time. Date 12 - 9 -	ervice	at
I CERTIF ne housing description and/or Employer's Signatu HOUSING INSI	Y THAT I his cribed hereinployment and the provided HTML Reported BY	ave revie n m md Trainli Y: Joyc	e Hah	ministratio		Typed N	aros, i ne nspect the Name and	seby author e above hou i Tille	ze repres	entatives of the State Employment S by reasonable time. Date /2 - 4 - Date Date	16	at

Typed Name and Title

Joyce Hahn, Program Coordinator

Signature of Authorized Official

Form Approved	
Budget Bureau No.	44-R1358

U.S. Depart	ment of Lahe	r, Empl	oyment	and Tra	ining A	dministratio	n	1. EMPL	OYER'S	NAME AND ADDRESS	get Bureau No. 44-h
1	OVER EI					> PF & 4511 1 m				Conultants, LLC	
	OYER FUI			on Reve		J FACILIT	IES		Broad	65708	29
2. HOUSING	LOCATION				136)					CRIPTION	
Mariposi 24248 E Stark Cit	a 2 ast Hwy 8 ty, MO 64	86 844							House		
4. SLEEP ROO	OMS		Dormito	гу Туре			h Fo	mily Type		-	
(No. & Meas	ture) 1		2	3	4	1	2	3	4	ES USE	ONLY
Length						11'10	12'6	12'6		5. CAPACITY 3	2795 05.04555. 027.05.07.56.00.
Width						13'3	10'10	8.8		6. REGULATIONS COMP ("x" proper box)	LIANCE Yes N
Ceiling Heig	ht					8	8	8		Water	
Square Feet						157	135	122		Electricity	
No. of Room					-	1	1	1		Site	
No. of Beds, Single	Single Io. of Beds or				1	1	1		Screening	X F	
	to. of Beds or Bunks, Double							***************************************	Heating		
	FACILITIES (Number of each)						J			<u> </u>	
Flush Toilets	Privy		Urina	s		Lav. or Was	hbasins	Showerhe	ads		
2						2		2			
Bathlubs	Movable B	ethtubs	Laund	ry mach	ines	Fixed laundr	y tubs	Movable la	undry		
2			1					tubs			
Cook Stoves	Refrigerato	rs	Garba	ge conta	iners i	First-aid Kits		Fire Exting	uishers		
1	1		1			1		(No. & type			
COMMENTS	ــــــــــــــــــــــــــــــــــــــ							Tabc			
Total capa	city for 11	but o	nly be	eds se	ttup fo	or 3.					
EMPLOYER'S									The state of the s		
						iana at th _ 1	10 Dan		1000	. Training and Employment	
I CERTIF the housing des office and/or En	nployment an	MI	eers i	1 0068 1	noi mee	hacte dails t	orde I h	arohu audha	rivo ronto	contations of the Ciale Count	Service, and that oyment Service
I CERTIF the housing des office and/or En	nployment an	MI	eers i	1 0068 1	noi mee	t such stand al office to li	orde I h	ereby autho e above ho	rivo ronto	sentatives of the State Empl ny reasonable time.	oyment Service
I CERTIF the housing des office and/or Em aployer's Signati	nployment an	d Trainir	ng Adm	1 0068 1	noi mee	t such stand al office to li	ards. I h	ereby autho e above ho	rivo ronto	sentatives of the State Empl ny reasonable time.	oyment Service
I CERTIF the housing des office and/or En nployer's Signation	pployment an ure	d Trainir	eers i	1 0068 1	noi mee	t such stand al office to li Typed f	ards, I he rspect th	ereby autho e above hor d Title	rivo ronto	sentatives of the State Empl ny reasonable time.	oyment Service Date
I CERTIF the housing des office and/or Em oployer's Signature HOUSING INS	nployment an ure SPECTED BY	d Trainir	ng Adm	1 0068 1	noi mee	Typed N	ards, I he repect the lame an	ereby authore above hore d'Title	rize repre using at a	sentatives of the State Empl ny reasonable time.	oyment Service Date 12-9-16 ate
the housing desoffice and/or Employer's Signature of AUhol	SPECTED BY rized Official Housing appr	d Trainir	eets L ng Adm	nistratio	not mee	Typed N	ards, I he repect the same and lame and	ereby authore above hore d'Title	rize repre using at a	sentatives of the State Empl ny reasonable time.	oyment Service Date
I CERTIF the housing des office and/or Em oployer's Signature HOUSING INS	SPECTED BY rized Official Housing appr	d Trainir	eets L ng Adm	nistratio	not mee	Typed N	ards, I has pect the same and lame and ce Haherstale.	e above hor d Title	rize repre using at a	sentatives of the State Employ reasonable time.	oyment Service Date 12-9-16 ate

											Budget Bureau No. 44-R
U.S. Departm	nent of Labor, I	Employ	ymen	t and Tra	ining A	dministratio	n			NAME AND ADDRESS	
	NG AND EMI									Consultants, LLC	
EMPLO	OYER FURN (Se			ousin as on Reve) FACILI	ΓIES		Broad tt, MO	65708	
2. HOUSING I	LOCATION							3. HOUSIN	NG DESC	RIPTION	
Wentwor 6482 Hw								Farm	House		
Pierce Ci	ty, MO 648	344									
4. SLEEP ROO (No. & Measu		a. D		огу Туре 3	4	1	b. Fa	mily Type	4	ES US	E ONLY
Length	1110	12	6	126						5. CAPACITY (Adults)	?
Width	133	In	10	99						6. REGULATIONS COMPLIANCE	
Ceiling Heigh		8	3	8		+				("x" proper box) Water	Yes N
Square Feet	157	13	3	122						Electricity	
No. of Rooms	S			(Site	\boxtimes
No. of Beds, Single	1	/		/						Screening	
No. of Beds o Bunks, Double										Heating	
7. FACILITIES ((Number of eac	:h)			24826.00						
Flush Toilets	Privy		Urin	als		Lav. or Wa	shbasins	Showerhe	ads		
2	_					2		2			
Bathtubs	Movable Bati	htubs	Laur	ndry macl	nines	Fixed laund	iry tubs	Movable la	aundry		
2				1		_		tubs			
Cook Stoves	Refrigerators		Garb	age cont	ainers	First-aid Kit	S	Fire Exting			
	1			1		1		(NO. & type	7)		
B. COMMENTS											
EMPLOYER'S			200 201				(
I CERTIF	FY THAT I have scribed herein	reviev me	wed to	he housir	ng regula	ations of the	U.S. Dep	artment of I	Labor, U.	S. Training and Employme esentatives of the State E	ent Service, and that
office and/or En	nployment and	Trainin	ng Ad	ministrati	on regio	nal office to	inspect th	ne above ho	ousing at	any reasonable time.	Imployment Service
nployer's Signat	ure	0	0			Турес	Name ar	()		· (1	Date
Masslands L.	LC tyle	D. 4	Du	nons		the	EB.	BOYNO	K	Business Du.	12-8-15
. HOUSING INS						T	None	J T#-			15.
gnature of Autho			. 1.				Name an		te Mor	itor Advocate	Date
. APPROVAL:	Housing appro	yed for	217	inanov h	works			non, ota	- IVIOI	TO AUVOCALE	12-8-15
nature of Author		76u 101		apancy by	worker			me and Title			Date
1) 100	· 1	0.00		h					te Mon	itor Advocate	12-2-15
1/014/		-1/VI	10	1		1 -		, , ,			11 - 1 7 - 1 1

	U.S. Departme	nt of Labor	, Emplo	ymen	nt and Tra	ining Ac	lministratio	n	1. EMPLO	DYER'S N	AME AND ADDRESS	loger Buleau No.	44-17	133
-	U.S. TRAININ										Consultants, LLC			
1	EMPLO	YER FUR			IOUSIN ns on Revei		FACILIT	TIES		Broadv ett, MO				
1	2. HOUSING LO		see msir	ucitor	ns on Kevei	rse)								
1	Thomlinso		•						3. HOUSIN		RIPTION			
	22629 Hw Granby, M	y 86							Farm	House				
I	4. SLEEP ROOM (No. & Measure				tory Type				nily Type		ES USE	ONLY		_
r	Length		2 13	2	122	4	1	2	3	4	5. CAPACITY	ONLI		
1	Width	148		8	12110			+	+		(Adults) 5	PLIANCE		_
1	Ceiling Height		17	7	14-				1		("x" proper box) Water	Yes		olo
r	Square Feet	195			177									4
F	No. of Rooms	173	1/-/	9	172		-	 	-		Electricity			ᆜ
F	No. of Beds,		1	-	1		-				Site			ᆜ
ŀ	Single No. of Beds or	+	1	\dashv			-				Screening			╛
L	Bunks, Double										Heating			
_	7. FACILITIES (A		ach)	1	-				1					
-	Flush Toilets	Privy		Urir	nals		Lav. or Wa	shbasins	Showerhe	eads				
		_			_		2		3					
E	Bathtubs	Movable B	athtubs	Lau	indry mac	hines	Fixed laune	dry tubs	Movable I	aundry				
	\	_			1		1		tubs	_				
C	ook Stoves	Refrigerato	ors	Gar	bage conf	tainers	First-aid Ki	ts	Fire Exting	quishers				
)			\		١		(No. & typ	e)				
8	COMMENTS	100			1		1							
9.	EMPLOYER'S	CERTIFICA	TION:											\dashv
	I CERTIF	YTHATIN	ave revie	ewed	the housi	ing regu	lations of th	e U.S. De	partment of	Labor, U.	S. Training and Employme	ent Service, and	d tha	t
	office and/or Em	cribed nerei iplovment a	ın <u>K</u>] n nd Train	neets ina A	dministrat	s not me tion real	eet such sta onal office t	indards. I l	nereby auth	norize repr	esentatives of the State E any reasonable time.	mployment Ser	vice	
Er	mployer's Signatu	re			,	4		d Name a		lousing at	any reasonable time.	Date		\dashv
	Marilas	indi L	10	9	4111	3 /m		1.	00		Business	15/2/2	_	
10	. HOUSING INS	PECTED B	Y:		1492	1.40	W 640	Kyle	1000	MINO	gs, pustop	2448110		\dashv
	gnature of Author			,	V		Type	d Name a	nd Title			Date	_	-
1	Delma	1	um	(DO	h					ate Mor	nitor Advocate	17 / 1/	١٠٠	
11	. APPROVAL:	Housing ap	proved f	or oc	cupancy b	y worke						110	1)	\dashv
Sig	gnature of Author							d Name a				Date	-	\dashv
1	Delra	M	In	10	h		D	ebra Mi	nish, Sta	ate Mor	nitor Advocate	12/2/	15	-
			1	~								1 0 / /) /	1	- 1

U.S. Department U.S. TRAININ	nt of Labor, G AND EM	Employ	ment and T	raining A	dministratio	מי			AME AND ADDRESS	iget Bureau No	o. 44-R1358
	ER FURI) EACII IT	TIEC			peder Sod Sales ville Road		
			actions on Res		PACILII	IES			gs, Mo 63051		
2. HOUSING LO							3. HOUSII				
4600 Byrn House Spr	esville Ro rings, MC	oad)					1200	sq ft Ho	ome and in Barn		
4. SLEEP ROOM	IS _	a. D	omitory Typ	e	T	b. Far	nily Type				
(No. & Measure	9) 1	2	3	4	1	2	3	4	ES USE	ONLY	
Length	12	15'	6 12	12	12	17'10	14	12'4	5. CAPACITY (Adults) 17		
Width	14	14	14	14	14	10'4	11'2	10'4	6. REGULATIONS COMP ("x" proper box)	PLIANCE Ye	s No
Ceiling Height	8	8	8	8	8	8	8	8	Water	\triangleright	
Square Feet	168	21	7 168	168	120	180	154	120	Electricity	\triangleright	
No. of Rooms	No. of Beds, Single 2 3								Site		
Single	No. of Beds or Bunks, Double			2	2	2	2	2	Screening	\boxtimes	
Bunks, Double	No. of Beds or Bunks, Double FACILITIES (Number of each)								Heating	\boxtimes	
7. FACILITIES (A	FACILITIES (Number of each)										
Flush Toilets	sh Toilets Privy Urinals					shbasins	Showerhe	eads			
3 L & 2 H*	Toilets Privy Urinals						2 L & 2 H				
Bathtubs	Movable Ba	athtubs	Laundry ma	chines	Fixed laund	dry tubs	Movable laundry				
1 house			1				tubs				
Cook Stoves	Refrigerator	rs	Garbage co	ntainers	First-aid Kit	ts	Fire Extin	quishers			
1L&1H	1 L & 1	1 H	3		1 in ea	ach	(No. & typ				
8. COMMENTS											
** L stands	for loft a	nd H i	s for the I	nouse							
the flousing des	Y THAT I ha	ave revie	neets d	pes not m	eet such sta	ndards. H	hereby auth	horize reor	S. Training and Employmer esentatives of the State En any reasonable time.	nt Service, ar	nd that
Employer's Signatu	ure) (Ng Administ	ation reg		d Name a		lousing at	any reasonable time.	Data	
Lood	Le.		Je l	200	1			, Secy	of Corporation	Date 1/3/19	
10. HOUSING INS	PECTED B	Y: Joy	ce Hahn								-
Signature of Author	rized Official				Туре	d Name a	nd Title			Date	
Maya	Hal	1			Jo	усе На	ahn Prog	gram Co	oordinator	1/3/19	
11. APPROYAL:	Housing app	proved for	or occupanc	by work	ers recruited	interstate	÷.				
Signature of Author	rized Official	,				d Name a				Date	
Jogue	nature of Authorized Official					yce Ha	hn Prog	gram Co	oordinator	1/3/19	

									8	udget Bureau No.	14-8135
U.S. Deparime U.S. TRAININ	ut of Labo	r, Employ	yment and I	raining A	dministratio	11)			AME AND ADDRESS		
					D FACILI	CH*PS			oeder Sod Sales sville Road		
C.1111 1.37	I LAN I CH		uctions on Re		DIFACILII	I IES			gs, Mo 63051		
2. HOUSING LO	OCATION						3. HOUSI	NG DESC	RIPTION		
4600 Byrn	esville l	Road							ome and		
House Sp									t in Barn		
4. SLEEP ROOM	45 [a ſ	ormitory Typ	16		ЬГа	L				
(No. & Measur				4	1	2	mily Type	4	ES USI	E ONLY	
Length	12	15	6 12	12	12	17'10	14	12'4	5. CAPACITY (Adults)	17	
Width	14	14	1 14	14	14	10'4	11'2	10'4	6. REGULATIONS CON	MPLIANCE Yes	No
Ceiling Height	8	8	8	8	8	8	8	8	Water	\boxtimes	X
Square Feet	168	3 21	7 168	168	120	180	154	120	Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds, Single	2	3	2	2	2	2	2	2	Screening	\boxtimes	
No. of Beds or Bunks, Double									Heating	\boxtimes	
7. FACILITIES (/		each)									
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
3 L & 2 H*			1 L &	1 1-1			21.8	2 H			
Bathtubs	Movable E	Bathlubs	Laundry ma	echines	Fixed laund	ry lubs	Movable I	aundry			- 1
1 house			1				tubs				
Cook Stoves	Refrigerate	ors	Garbage co	ntainers	First-aid Kit	S	Fire Extin	nuishers			- 1
1 L & 1 H	1 L &	1 H	3		1 in ea		(No. 8 typ	e)			
8. COMMENTS				-			Tabo	each			
** L stands	for loft a	and His	s for the t	ASHAC							
	101 1011 6	110 111		10036							- 1
 EMPLOYER'S (I CERTIF 			wed the hou	sino requ	lations of the	IIS Dor	and mont of	Labor II	S. Training and Employm		
the moduling aca	CHIDEG HELE	101 1/11/11/11	eets I luc	es not me	eet such star	adards Ir	nerehy anth	Orizo conc	 I raining and Employmers esentatives of the State E any reasonable time. 	ent Service, and imployment Servi	that ice
Employer's Signatu	ire	(77			Name a		ousing at	any reasonable time.	Date	
to a	E	-	5		Lir	nda Scl	hroeder,	Secy o	f Corporation	12/1/2/	
O. HOUSING INS	PECTED B	BY: Abyo	e Hahn	~ 0/						10/10/1	7
Signature of Author	ized Officia	1//	1		Турес	Name ar	nd Title			Date	
1 Low	107	4d			Jo	усе На	hn Prog	ram Co	ordinator	12/15/17	,
T. APPROVAL	Housing ap	proyed fo	r occupancy	by worke	rs recruited					1	-
Signature of Alithor						Name an				Date	
(from	u Xt	ch			Jo	усе На	hn Prog	ram Co	ordinator	12/15/17	.
11	1									1	

Form Appr	oved		
Budget But	eau No.	44-R	1358

										· ·	oun Abbtosed	
U.S. Departm U.S. TRAINII	ent of Lal	bor, Empl	oyme	nt and Tra	aining /	Administratio	n	1. EMPL	OYER'S	YAME AND ADDRESS	Budget Bureau No). 44-R138
1						D FACILIT				oeder Sod Sales		
20				ns on Reve		DFACILI	TIES	Hous	e Sprin	sville Road gs, Mo 63051		
2. HOUSING L	OCATION								NG DESC			
4600 Byrr	nesville	Road						1		ome and		
House Sp	rings, I	MO						594 8	q ft Lof	t in Barn		
4. SLEEP ROOM	40											
(No. & Measur	re)	a. 1	Domi 2	lory Type 3	1 4	1	b. Fa	mily Type 3	T 4	ES US	E ONLY	
Length	1	2 1	5'8	12	12		17'10	14	12'4	5. CAPACITY	19	
Width	1	4	14	14	14	14	10'4	11'2	10'4	6. REGULATIONS COL		
Celling Height	1 8	В	В	8	8	8	8	8	8	("x" proper box) Water	Yes	
Square Feet	211 100 100			120	180	154	120	Electricity				
No. of Rooms						1				Site		
No. of Beds, Single	2	! :	3	2	2	2	2	2	2	Screening	N N	
No. of Beds or Bunks, Double		\dashv						-				
7. FACILITIES (f each)								Heating	\boxtimes	
Flush Tollels	Privy		Urin	als		Lav. or Was	shbasins	Showerhe	ade			
3 L & 2 H*			1	L&1	Н			2 L &				
Bathlubs	Movable	Bathtubs	Laui	ndry maci	nines	Fixed laund	ry fuhe	Movable I	2011			
1 house			1			. 5.00 (00)10	19 1003	tubs	autory			
Cook Stoves	Refrigera	lors	Gart	age cont	alners	First-ald Kits	,	Fire Exting	lahaa			
1L&1H	1 L 8		3			1 in ea		(No. & type	9)			
B. COMMENTS								1 abc	each			
** L stands	for loft	and H i	e for	the ho	1100							
_ 0101100	101 1011	and III	0 101	1116 110	use							
												1
EMPLOYER'S C	COTICIO	A-71011										
I CERTIFY	THATI	have revie	wed ti	he housin	a recul	ations of the	US Deni	edmont of I	abor II S	. Training and Employme	-1.01	
											nt service, and nployment Sen	rice
nployer's Signatur		ano Fraini	ng Adi	ministratio	on regio	nai Onice (O i	nabact tu	e apove ud	using at a	ny reasonable time.		
41.8	- ()	10	()			Name en da Sch		Sony of	Corporation	Date	
HOUSING INSF	PECTED	BY: Jour	e Hah	<u> </u>	-		ua ouii	roeder,	OBCY OF	Corporation	1/2.15.1	16
nature of Authoria			/	.,,		Typed	Vame and	t Title			Tosts	\dashv
1000	10 -5	Hall		-					am Coc	rdinator	Date 12/15/16	8
	/	proved/to	r occu	pancy by	worker			0'			1 .21.00	
			,	- '			lame and	Títle			Date	
Lleyo	APPROVAL: Housing approved for occupancy by work alure of Aythorized Officials Gycu that					Joy	ce Hah	n Progra	am Coo	rdinator	12/15/16	3
, , , , , , , , , , , , , , , , , , , ,		10000									1	

Form Approved

U.S. Departme U.S. TRAININ	ent of Labor	, Emplo	yment MENT	and Tra	ining A	dministratio	n	1		AME AND ADDRESS	Budget Bureau N	No. 44	-R135
						D FACILIT	IES	4600	Byrnes	peder Sod Sales ville Road			
		(See Instr	uctions	on Reve	rse)			Hous	e Sprin	gs, Mo 63051			
2. HOUSING LO								3. HOUSI	NG DESC	RIPTION			
4600 Byrr House Sp	nesville R rings, M (Road O								ome and in Barn			
4. SLEEP ROOM				гу Туре			b. Fai	mily Type		<u> </u>			
(No. & Measur		2		3	4	1	2	3	4		SE ONLY		<u> </u>
Length	12	15	6	12	12	12	17'10	14	12'4	5. CAPACITY (Adults)	19		
Width	14	14	4	14	14	14	10'4	11'2	10'4	6. REGULATIONS Constitution ("x" proper box)		'es	No
Ceiling Height		8	1	8	8	8	8	8	8	Water		X	
Square Feet	168	21	7	168	168	120	180	154	120	Electricity		X	
No. of Rooms No. of Beds,			_							Site		X	
Single No. of Beds or	3	3		2	2	2	3	2	2	Screening		X	
Bunks, Double										Heating		X	
7. FACILITIES (/	Vumber of e	ach)	1112					,					
3 L & 2 H*	Filvy		Urina			Lav. or Was	shbasins	Showerhe	eads				
			1	L & 1	Н			2 L &	2 H				
Bathtubs 1 house	Movable B	athtubs	Laund	lry maci	nines	Fixed laund	ry tubs	Movable la tubs	aundry				
Cook Stoves	Refrigerato	rs	Garba	ge cont	ainers	First-aid Kits	S	Fire Exting	uishers				
1L&1H	1 L &	1 H	3			1 in ea	ch	(No. & typ	e)				
8. COMMENTS								M abc	Cacil				_
** L stands	for loft a	nd H is	s for t	the ho	ouse								
EMPLOYER'S	CERTIFICA	TION:											
office and/or Em	ployment ar									S. Training and Employ sentatives of the State iny reasonable time.	ment Service, a Employment S	ind th	at e
mpløyer's Signatu	re/	0		/		Typed	Name ar	nd Title		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date		\neg
2 mly	Ach	40	ce/		_	Lin	ida Sch	roeder,	Secy of	f Corporation			
0. HOUSING INS			e Hahi	n				ASSESSMENT SO					\neg
ignature of Author	ized Official	//	/				Name an				Date		\dashv
Loye	~ X	al					2-11-22-20	hn Prog	ram Co	ordinator	12117	43	
1. APPROVAL: I	Housing app	proved fo	r occup	pancy b	y worke	rs recruited in					1-12	-1	2
ignature of Author	Zed Official	//	/				Name an				Date		
Loyc	c (V	Zh				Joy	ce Hal	nn Progi	ram Coo	ordinator	12/17/	43	
(/											1-12	-1	6

38.57 (SM) 15.76							T		Budge	et Bureau No. 44-R1:
U.S. Departm	ent of Labor, E NG AND EMP	mploy	ment and Trai	ning A	dministratio	n	1		NAME AND ADDRESS	
1							GPM			
EMPLO	YER FURN				FACILIT	IES		5 Pries		
		e Instr	uctions on Rever	se)			vvest	Alton,	MO 63386	
2. HOUSING L							3. HOUSI	NG DESC	RIPTION	
15045 Pr							4 Bdr	m 2 Ba	th Multi Level single f	amily unit
West Alto	on, MO								3.4	y
SLEEP ROO (No. & Measu		a. D	Pormitory Type	4	1	T	mily Type		ES USE C	ONLY
Length		<u> </u>		-	13	17	9	13	5. CAPACITY 15	
Width					17	9	12	13	(Adults) 15 6. REGULATIONS COMPL	IANCE
Ceiling Heigh	·+					-	12	13	("x" proper box)	Yes No
		-							Water	
Square Feet					221	153	108	169	Electricity	
No. of Rooms	3								Site	
Single					1			1	Screening	
No. of Beds o Bunks, Double					2	2	2		Heating	
7. FACILITIES ((Number of eac	h)								
lush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	1	
2							2			
Bathtubs	Movable Bati	ntubs	Laundry mach	nines	Fixed laund	rv tubs	Movable	aundry		
2			1			,	tubs	adilaly		
Cook Stoves	Refrigerators		Garbage conta	ainers	First-aid Kit	s	Fire Extin	guishers		
1	1		1 dumps	ster	1		(No. & typ	e) C Dry		
B. COMMENTS	1						0710	Obly		
the housing de	FY THAT I have scribed herein	e revie	ieets I does	s not me	eet such star	ndards I	hereby auth	orize ren	.S. Training and Employment resentatives of the State Emp any reasonable time.	Service, and that loyment Service
mployer's Signa	ture /	1	1/1	1		Name a		Juding at		Date
18/100	elw/6	2/	Jec/h	9	- Andrew State Color St.		etcher,	Owner		1-1-1-
HOUSING IN	SPECTED BY:	Joy	ce Hahn							11212
gnature of Autho		, · ·	,		Typed	Name a	nd Title		Tr	Date
101	, A.	. 1	Charles and the St. Committee.				hn, FLC	Coord	1	1-15-1
. APPROVAL:	Housing appro	oved fr	or occupancy h	v works					/	17/2
gnature of Autho		11	/	, worke		Name a				
8 /n	. >>	1-	1				ihn, FLC	Coord	100	Date
160	1-20		Market Contract of the Contrac	-	30	y CC 112	iiii, FLC	Coord	IIIatUI	1-15-14

Form Approved

									Budge	et Bureau No. 44	4-R13
U.S. Departme U.S. TRAININ	ent of Labor, En NG AND EMPL	nployr OYM	ment and Tra IENT SERV	ining Ad ICE	dministratio	n	1. EMPL		NAME AND ADDRESS		
EMPLO	YER FURNIS	SHED	HOUSIN	G AND	FACILIT	TIES	8393	N. Stat	te Route 94		
2 110110110		Instruc	ctions on Reve	rse)			vvest	Alton,	MO 63386		
2. HOUSING LO							3. HOUSI	NG DESC	RIPTION		
	8	393	3 N. St	rate '	R+94	-	Hous	е			
	U	Jes	T Alto	n, n	63.	386					
4. SLEEP ROOM (No. & Measur	MS re) 1	a. Do	rmitory Type	4	1	b. Fa	mily Type	4	ES USE O	ONLY	
Length	122	15		X'/	/		- 3	4	5. CAPACITY		
Width	122	17'		12'9	7				6. REGULATIONS COMPL		
Ceiling Height				1					("x" proper box) Water	Yes	No
Square Feet	148.8	322.	3 171.36	1046					Electricity	\square	П
No. of Rooms		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10 10 40					Site		
No. of Beds, Single									Screening		H
No. of Beds or Bunks, Double		lab	1 /16	1 bur	n k				Heating		\exists
7. FACILITIES (I	Number of each)			1000							
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	1		
3							11				
Bathtubs	Movable Bathti	ubs I	Laundry mac	hines	Fixed laund	Irv tubs	Movable i	aundry			
/					r ixed laurie	ny tubo	tubs	auriury			
Cook Stoves	Pofrigoratora	-	0-1-								
/	Refrigerators	1	Garbage conf	tainers	First-aid Kit	S	Fire Exting	guishers e)			
/	1 small		4		3		5	,			
8. COMMENTS											
Trash	pick L	40	once	Wee	K.						
/		/									
9. EMPLOYER'S	CERTIFICATION	M.									
I CERTIF	Y THAT I have	review	ved the housi	ng regul	ations of the	U.S. Der	partment of	Labor U	S. Training and Employment	Service and t	hat
the housing des	cliped lielelli	∠ me	ets doe	s not me	et such star	ndards II	nerehy auth	orize renr	econtatives of the State Emp	loyment Service	ce
Employer's Signatu	ipioyinoni and i	rammı	g Administrat	ion regio	mai office to	Inspect to	ne above h	ousing at	any reasonable time.		
	or of the second				100,000		etcher,	Owner		Date	
10. HOUSINGINS	SPECTED BY:	Jove	Hahn				2.301,	2.77101			
Signature of Author		- 5,00	11-		Typed	Name ar	nd Title		Ir	Oate	
Maro	lace L	el	VE	\geq			hn, FLC	Coord	:	Date	-
1. APPROVAL:	Housing approv	ed for	occupancy h	v worke					//	10-6-15	\dashv
ignature of Author	fized Official		1	,o.n.c.		Name ar			In	ate	-
/1.	1.10	J	111		1 2 3		hn, FLC	Coordi	Y SE	10-6- 1	11
70	4	$\overline{}$	JOH							,,,,,	

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE							1. EMPLOYER'S NAME AND ADDRESS Happy Apple							
EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)								527 Commercial Drive Washington, MO 63090						
2. HOUSING LO		7/13/7/110	nons on here.			3. HOUSING DESCRIPTION								
300 North Marthasville		357	H	IOUSE	E #2		Split L							
4. SLEEP ROOMS a. Do (No. & Measure) 1 2			ormitory Type 3 4		b. Fan		nily Type 4		ES	USE ONLY				
Length	/	2	3	14	16	13	13'5	12'5	5. CAPACITY (Adults)	20				
Width				10	13'5	12	10	13'5	6. REGULATIONS ("x" proper box)	COMPLIANCE	Yes	No		
Ceiling Height									Water		\boxtimes			
Square Feet				140	208'5	156	130'5	156'10	Electricity					
No. of Rooms									Site		\boxtimes			
No. of Beds, Single									Screening		\boxtimes			
No. of Beds or Bunks, Double				2	2	2	2	2	Heating		\boxtimes			
7. FACILITIES (A														
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads 3							
2				5	5									
Bathtubs	Movable Bathtubs		Laundry machines Fixed		Fixed laund	dry tubs	Movable laundry tubs							
2			2											
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid Kits		Fire Extinguishers (No. & type)							
2	2		2		2		2 ABC Dry							
8. COMMENTS														
9. EMPLOYER'S	CEDTIFICAT	ION:												
I CERTIF	Y THAT I hav	e revie	ewed the hou	sing regu	ulations of th	e U.S. De	epartment o	f Labor, U	.S. Training and Em	ployment Service	e, and	that		
the housing des office and/or En	scribed herein nployment and	n ⊠ Train b	neets 💹 do ing Administr	es not mation required	neet such sta ional office t	andards. I to inspect	hereby aut	horize rep	resentatives of the Stany reasonable tim	State Employme e.	nt Sen	vice		
Employer's Signature						Typed Name and Title								
XXXIII						Edward Reidy, President					18			
10. HOUSING IN	SPECTED BY	: Joy	ce Hahn											
Signature of Authorized Official						Typed Name and Title					Date			
Joyce or				Joyce Hahn, FLC Coordinator					6/7/18					
16. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date														
Signature of Authorized Official						Typed Name and Title Joyce Hahn, FLC Coordinator								
Joyce Ho				оусе п	ailli, FL	C COOR	Idl01	6/7/	18					

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE								EMPLOYER'S NAME AND ADDRESS Happy Apple					
EMPLOYER FURNISHED HOUSING AND FACILITIES							527 Commercial Drive						
	(See	Instruc	tions on Reve	rse)	Washington, MO 63090								
2. HOUSING LO	CATION						3. HOUSING DESCRIPTION						
305 North Marthasville		357	HOU	JSE #3		Split Level							
4. SLEEP ROOMS (No. & Measure)		a. Do	rmitory Type	4	1	b. Far	nily Type 3	4	ES	USE ONLY			
Length					12'11	10'4	13'6		5. CAPACITY (Adults)	10			
Width					11'11	13'6	11'2		6. REGULATIONS ("x" proper box)	COMPLIANCE	Yes	No	
Ceiling Height									Water		\boxtimes		
Square Feet					134.43	141.44	152.32		Electricity		\boxtimes		
No. of Rooms			200						Site				
No. of Beds, Single					1	1			Screening		\boxtimes		
No. of Beds or Bunks, Double					1bk	1bk	2 bks		Heating				
7. FACILITIES (A	lumber of eac	:h)			500 1700 1								
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads					
2	2				4	4							
Bathtubs	os Movable Bathtubs		Laundry ma	Fixed laune	xed laundry tubs		laundry	1					
1	1		1				tubs						
Cook Stoves Refrigerators			Garbage co	ntainers	First-aid Kits		Fire Extinguishers (No. & type)		1				
2 1		1		1		1 abc							
8. COMMENTS							***************************************						
1 Driers													
9. EMPLOYER'S									. O T			d 11 1	
									J.S. Training and Emporesentatives of the S				
		d Trair	ing Administ	ration rec				housing a	t any reasonable time	e. Date			
Employer's Signature						Typed Name and Title Edward Reidy, President					/18		
10. HOUSING INSPECTED BY: Joyce Hahn										077	10		
Signature of Authorized Official						Typed Name and Title				Date	*****		
Joyce Hahn					J	Joyce Hahn, FLC Coordinator					7/18		
11/APPROVAL: Housing approved for occupancy by workers recruited interstate.													
Signature of Authorized Official						Typed Name and Title				Date	Date		
Joyce Hahn					J	Joyce Hahn, FLC Coordinator				6/	6/7/18		

U.S. Departmer	nt of Labor, E	mploy	ment and Tra	ining Ac	lministratio	n			AME AND ADDRESS			
U.S. TRAINING								y Apple	cial Drive			
EMPLOY	'ER FURNI		D HOUSIN ections on Reve		FACILIT	IES			MO 63090			
2. HOUSING LO		e mstru	ctions on Reve	rse)			3. HOUSIN					
200 South									RIPTION			
Marthasvill			ŀ	House	#1		Split L	_evei				
4. SLEEP ROOM	100	a. D	ormitory Type		T	b. Far	nily Type		50.110	E 011111		
(No. & Measure) 1	2	3	4	1	2	3	4		E ONLY		
Length				10	15	11	13	12	(Adults)	18		
Width				13	13	11	13	14	6. REGULATIONS COI ("x" proper box)	MPLIANCE	Yes	No
Ceiling Height									Water		\boxtimes	
Square Feet				130	195	121	169	168	Electricity		\boxtimes	
No. of Rooms									Site		\boxtimes	
No. of Beds, Single				1		1			Screening	1.5 2011	\boxtimes	
No. of Beds or Bunks, Double	1					1	2	2	Heating		\boxtimes	
7. FACILITIES (A	CILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
2	Officials Lav						2					
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laund	dry tubs	Movable I	aundry				
2	25		1 wash	er			tubs					
Cook Stoves	Refrigerators	;	Garbage cor	ntainers	First-aid Ki	ts	Fire Extin	auishers				
2	4		2		3		(No. & typ	ne)				
8. COMMENTS							3 AB	C Dry				
2 Driers												
9. EMPLOYER'S												
I CERTIF	Y THAT I hav	ve revie	ewed the hou	sing regu	lations of th	e U.S. De	partment o	f Labor, U.	S. Training and Employr esentatives of the State	nent Service	e, and	that
office and/or En	ployment and	d Train	ing Administra	ation reg	ional office t	o inspect	the above I	norize repr nousing at	any reasonable time.	⊨mploymen	it Serv	ice
Employer's Signat	ure					d Name a				Date		
	Koul	XM			E	dward I	Reidy			6/7/1	8	
10. HOUSING IN		: Joy	ce Hahn									
Signature of Author	/ /				Туре	d Name a	ind Title			Date		
Joycoti	ahn				Jo	oyce Ha	ahn, FLO	C Coord	inator	6/7/1	8	
	Housing appr	roved f	or occupancy	by work								
Signature of Autho	,					d Name a				Date		
Joyce H	ahn				Jo	oyce Ha	ahn, FLO	Coord	inator	6/7/1	8	
// //												

U.S. Departmen	J.S. Department of Labor, Employment and Training Administration J.S. TRAINING AND EMPLOYMENT SERVICE								AME AND ADDRESS	Dodget Duleau		
i			D HOUSING		EACH IT	IEC		y Apple commer	cial Drive			
			ctions on Rever		ACILIT	LS			MO 63090			
2. HOUSING LO	CATION				-		3. HOUSIN	IG DESCF	RIPTION			
305 North Marthasvil			HOU	ISE #3	3		Split L	.evel				
4. SLEEP ROOM		a. Do	ormitory Type		T	b. Fan	nily Type					
(No. & Measure	9) 1	2		4	1	2	3	4	5. CAPACITY	JSE ONLY		
Length					12'11	10'4	13'6		(Adults)	10		
Width					11'11	13'6	11'2		6. REGULATIONS (("x" proper box)	OMPLIANCE	Yes	No
Ceiling Height									Water		\boxtimes	
Square Feet					134.43	141.44	152.32		Electricity		\boxtimes	
No. of Rooms									Site		\boxtimes	
No. of Beds, Single					1	1			Screening		\boxtimes	
No. of Beds or Bunks, Double					1bk	1bk	2 bks		Heating		\boxtimes	
7. FACILITIES (I									ABARDON SI			
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				1
2					4		2					
Bathtubs	Movable B	athtubs	Laundry mad	hines	Fixed laund	ry tubs	Movable I	aundry				
1			1				tubs					
Cook Stoves	Refrigerato	ors	Garbage con	tainers	First-aid Kit	S	Fire Exting					- 1
2	1		1		1		(No. & typ					1
8. COMMENTS					1		1 dbc					_
1 Driers												
					*							
0												
9. EMPLOYER'S												
the housing de	FY THAT I I scribed here	nave revie	ewed the hous	ing regu	lations of th	e U.S. De	partment o	f Labor, U	.S. Training and Emp resentatives of the St	loyment Service	e, and	that
office and/or Er	nployment a	and Train	ing Administra	tion reg	ional office t	o inspect	the above I	housing at	any reasonable time		ii Oci v	ice
Employer's Signal	ture	1	1		,,,	d Name a	200			Date		
							Reidy, P	resider	nt	6-	3-1-	1
	HOUSING INSPECTED BY: Joyce Hahn											
						d Name a	ind Title ahn, FL(Coord	linator	Date	8.6	7
11. APPROVAL:	Housing a	pproved f	or occupancy	by work						6-	0-1	/
Signature of Author			1	~y WOIK		d Name a			- 9	Date		-
							ahn, FLO	C Coord	linator	1-	8-1-	7
7	rya	6							-	6	-11	

U.S. Departmen	nt of Labor, E	mploy	ment and Tra	ining Ad	ministration	1			AME AND ADDRESS			
U.S. TRAINING					FACILIT			y Apple	cial Drive			
EWIPLOY			D HOUSING ctions on Rever		FACILII	IES			MO 63090			
2. HOUSING LO		C 171517 W	chors on hever	50)			3. HOUSIN	IG DESCR	RIPTION			
200 South	Three St						Split L					
Marthasvill			H	louse	#1		Opiit L	-0401				
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type	4	1	b. Far	nily Type	4	ES US	SE ONLY		
Length	<u> </u>			10	15	11	13	12	5. CAPACITY (Adults)	18		
Width				13	13	11	13	14	6. REGULATIONS CO		V	N-
Ceiling Height					 				("x" proper box) Water		Yes	No.
Square Feet				130	195	121	169	168	Electricity			一
No. of Rooms									Site			旹
No. of Beds,				1	1	1			Screening		\boxtimes	믐
No. of Beds or				1	2	1	2	2	Heating			믐
Bunks, Double		ch)				_ '	2	2	neating			Ш
Flush Toilets	FACILITIES (Number of each) sh Toilets						Showerhe	eads				
2							2					
Bathtubs	Movable Bat	htube	Laundry mad	hinee	Fixed laund	dny tube	Movable i	lounder				
2	Worden Bat	intubs	2 wash		I ixed laulic	ny tubs	tubs	aundry				
Cook Stoves	Refrigerators		/		First sid Ki		F. F.					
2	4	•	Garbage con	tainers	First-aid Kit	ts	Fire Extin	oe)				
	4				3		3 AB	C Dry				
8. COMMENTS												
2 Driers												
9. EMPLOYER'S			and the band		1-4:545	- U.O. D-		<i>(</i>	0.7-1-1-15-1			
the housing des	cribed herein	⊠ n	neets 🔲 do	es not m	eet such sta	indards. I	hereby aut	horize rep	S. Training and Employ resentatives of the State	ment Service Employmen	, and t Serv	tnat ice
		d Train	ing Administra	ation regi				housing at	any reasonable time.	- ID-t-		
Employer's Signature						d Name a				Date		
10. HOUSHING INS	SPECTED BY	': Joy	ce Hahn				,					
Signature of Autho	(1	,		Туре	d Name a	ind Title			Date		
1000	\sim \bowtie			Jo	русе На	ahn, FLO	C Coord	linator	6-8	17	7	
11. APPROVAL:		roved f	or occupancy	by work	ers recruited	I interstate	9.					
Signature of Autho	rized Official	/	/		1	d Name a				Date	2	_
Starl	e N	as			Jo	русе На	ahn, FLC	Coord	inator	6-8	1-1,	/

U.S. Departmen					ministration	١		YER'S NA y Apple	AME AND ADDRESS	į		
	ER FURNI				FACILITI	IES			cial Drive			
			ctions on Reve				Wash	ington,	MO 63090			
2. HOUSING LO	CATION						3. HOUSIN	IG DESCR	RIPTION			
300 North							Split L	evel				
Marthasvill	le, MO 633	357	H	IOUSE	#2							
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type 3	4	1	b. Far	nily Type 3	4	ES	USE ONLY		
Length				14	16	13	13'5	12'5	5. CAPACITY (Adults)	20		
Width				10	13'5	12	10	13'5	6. REGULATIONS ("x" proper box)	COMPLIANCE	Yes	No
Ceiling Height									Water		\boxtimes	
Square Feet				140	208'5	156	130'5	156'10	Electricity		\boxtimes	
No. of Rooms									Site		\boxtimes	
No. of Beds, Single									Screening		\boxtimes	
No. of Beds or Bunks, Double				2	2	2	2	2	Heating		\boxtimes	
7. FACILITIES (A	Number of eac	:h)		-								
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerho	eads				
2							3					
Bathtubs	Movable Bat	lovable Bathtubs Laundry machines Fix			Fixed laund	dry tubs	Movable	laundry				
2			2				tubs					
Cook Stoves	Refrigerators	3	Garbage cor	ntainers	First-aid Kit	ts	Fire Extin					
2	2		2		2		(No. & ty)	c Dry				
8. COMMENTS												
9. EMPLOYER'S	CERTIFICAT	ION.										
		ve revi							.S. Training and Emp			
the housing des		r ⊠ d Train	neets do	es not m	eet such sta	indards. I	hereby aut	horize rep	resentatives of the S any reasonable time	tate Employme	nt Sen	vice
Employer's Signat		, main	/ / / / / / / / / / / / / / / / / / /	ation reg		d Name		nousing at	any reasonable time	Date		
	- /0	/_					Reidy, F	resider	nt	6-	8-1	17
10. HOUSING IN	SPECTED BY	': Joy	ce Hahn						111411			
Signature of Author	orized Official	11			Туре	d Name a	and Title			Date		
for	94/	ta	_		Jo	oyce H	ahn, FL	C Coord	linator	6-8	8-1	7
11. APPROVAL:			for occupancy	by work					7			
Signature of Author	/		,			d Name a		2.0	P	Date		
10	in to	a			Jo	byce H	ahn, FL0	Coord	linator	6-8	-/	7

	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE								AME AND ADDRESS	
EMPLO	YER FURN	ISHE	D HOUSIN	G AND	FACILIT	IES	527 C		cial Drive	
			ictions on Reve				Wash	ington,	MO 63090	
2. HOUSING LO	CATION		***************************************				3. HOUSIN	NG DESCR	RIPTION	20
305 South Marthasvi			ŀ	Housin	g#3		Split I	_evel		
4. SLEEP ROOM	AS	a. D	ormitory Type			b. Far	nily Type			ONLY
(No. & Measur		2		4	1	2	3	4	ES USE	ONLY
Length				14	16	13	13'5	12'5	5. CAPACITY (Adults) 20	
Width		_		10	13'5	12	10	13'5	6. REGULATIONS COM ("x" proper box)	Yes No
Ceiling Height									Water	
Square Feet				140	208'5	156	130'5	156'10	Electricity	
No. of Rooms									Site	
No. of Beds, Single									Screening	
No. of Beds or Bunks, Double					2	3	2	2	Heating	
7. FACILITIES (I	Number of eac									
Flush Toilets						shbasins	Showerhe	eads		
3	, my				5		3			
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	Iry tubs	Movable	laundry		
3			2				tubs			
Cook Stoves	Refrigerators	3	Garbage cor	tainers	First-aid Kit	s	Fire Extin			
3	3		2		2		2ABC			
8. COMMENTS	1		L							
9. EMPLOYER'S								(O Todalous and Franksusses	ant Consider and that
the housing des	scribed herein	⊠ n	neets 🔲 do	es not m	eet such sta	ndards. I	hereby auti	horize repi	S. Training and Employmeresentatives of the State E	mployment Service
		d Train	ing Administra	ation regi		d Name a		nousing at	any reasonable time.	Date /
Employer's Signat					1	UM		~ /	PRISIDENT	6/15/15
10 HOUSING IN:	0. HOUSING INSPECTED BY:						D ME	1 /	V1511)601	0/11/11
Signature of Authorized Official						d Name a	nd Title			Date
Debia Menigh							ate Mor	nitor Advocate	615/15	
11. APPROVAL:	Housing app	or occupancy	by work	ers recruited	interstate).				
ignature of Author	rized Official				1	d Name a		ge 200,000		Date
Dolan	nature of Authorized Official					ebra M	inish,Sta	ate Mon	itor Advocate	6/15/15

Land	U.S. Departmen	U.S. Department of Labor, Employment and Training Adminis							YER'S NA	AME AND ADDRESS	;		
Washington, MO 63090	U.S. TRAININ	G AND EMP	LOYM	MENT SERV	/ICE								
2. HOUSING LOCATION 300 South Three St. Marthasville, MO 63357 4. SIEEP ROOMS 4. Dormitory Type 5. Dearnity Type 6. Dearnity Type 7. Dearnity Type 8. Dearnity Type 8. Dearnity Type 9. Dearnity	EMPLOY	ER FURN	ISHE	D HOUSI	NG AND	FACILIT	IES						
Solution		(Se	e Instru	ections on Rev	erse)			vvasii	ington,	1010 03090			
Marthasville, MO 63357 4. SLEEPROOMS a. Domitory Type b. Family Type C. Aleasure 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 5 6 6 6 6 6 6 6 6 6	2. HOUSING LO	CATION						3. HOUSIN	NG DESCR	RIPTION			
Length 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 12 5 CAPACITY (Adultation of Net Ves No Net Net Ves No Net Net Ves No Net					Housin	g # 2		Split I	evel				
Length 1 2 3 4 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 4 1 1 2 3 3 4 1 1 2 1 3 13'5 12'5 5. CAPACITY Width	4. SLEEP ROOM	IS	a. D	ormitory Typ	е		b. Far	nily Type		FS	USE ONLY		
Length	(No. & Measure	9) 1	2	3	4	1	-	1					
Ceiling Height Square Feet 140 2085 156 130'5 156'10 Electricity No. of Beds, Single No. of Beds or Bunks, Double 7 FACILITIES (Number of each) Firush Toilets 2 Cook Stoves 2 2 2 Earbrace Refrigerators 2 2 2 2 Schedungs Refrigerators 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Length				14	16	13	13'5	12'5	(Adults)			
Square Feet 140 208'5 156 130'5 156'10 Electricity	Width				10	13'5	12	10	13'5		COMPLIANCE		No
No. of Beds, Single No. of Beds, Single No. of Beds or Bunks, Double 7. FACILITIES (Number of each) Fitush Totlets Privy Urinals Lav. or Washbasins Showerheads 2 Bathtubs Movable Bathtubs Laundry machines Privy Bathtubs Accommendation Control of Beds or Bunks, Double Bathtubs Bathtubs Laundry machines Privy Bathtubs Bathtub	Ceiling Height									Water	Annual Market Property	\boxtimes	Ц
No. of Beds, Single No. of Beds or Bunks, Double No. of Beds or Bunks, Double Privy Urinals Lav or Washbasins Showerheads Sa Bathtubs Movable Bathtubs Laundry machines Sa Bathtubs Refrigerators Sarbage containers Sarbage	Square Feet				140	208'5	156	130'5	156'10	Electricity		\boxtimes	
Single No. of Bads or Bunks, Double 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	No. of Rooms									Site		\boxtimes	
No. of Beds or Bunks, Double 7. FACILITIES (Number of each) Flush Toilets Privy Urinals Lav. or Washbasins Showerheads 3 Bathtubs Movable Bathtubs Refrigerators 2 Cook Stoves Refrigerators 2 Z Refrigerators 2 Z Refrigerators 2 Refrigerators 2 Refrigerators 2 Refrigerators 2 Refrigerators 3 Since Movable laundry tubs Movable laundry tubs Movable laundry tubs Novable laundry Refrigerators 2 Refrigerators 3 Movable laundry tubs Novable laundry tubs Prive Extinguishers (No. & type) 2ABC Dry Refrigerators 1										Screening		\boxtimes	
7. FACILITIES (Number of each) Flush Toilets Privy Urinals Lav. or Washbasins Showerheads 2 Sathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs 2 Movable Bathtubs 2 Privy Washbasins Showerheads 3 Movable laundry tubs 2 Movable laundry tubs 2 Privy Laundry machines Fixed laundry tubs 3 Movable laundry tubs 4 Privy Laundry tubs 5 Sathtubs Prive Extinguishers (No. & type) 2 ABC Dry 8. COMMENTS 9. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein Machines Move and the housing described herein Machines Move and the state Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Laundro Laundro Machines Pected By: Signature of Authorized Official Debra Minish, State Monitor Advocate 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.	No. of Beds or	of Beds or ks, Double					2	2	2	Heating		\boxtimes	
Bathtubs Movable Bathtubs Refrigerators Cook Stoves Refrigerators 2 Cook Stoves Refrigerators 2 Cook Stoves 2 Cook Stoves 2 Refrigerators Refrigerators 2 Refrigerators Refrigerators 2 Refrigerators Refrigerators Refrigerators Refriger									,				
Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs 2 Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Extinguishers (No. & type) 2 ABC Dry 8. COMMENTS 9. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein makes more more than the housing described herein makes more more more more more more more more	Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2					5		3					
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Bathtubs	Movable Bat	htubs	Laundry ma	achines	Fixed laund	dry tubs	Movable	laundry				
Refrigerators 2 2 2 8. COMMENTS Semployer's Certification: 1 Certify That I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein Meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Low App Mess Department of Labor, U.S. Training and Employment Service, and that the housing described herein Meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Date Date Debra Minish, State Monitor Advocate L 1515							•		•				
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Defeierenten			-4-1	First old Vi	to	Eiro Evtin	quichere				
8. COMMENTS 9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein	()		5		ontainers		ıs						
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein Meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Loward LC. by Resident Typed Name and Title Date Date Debra Minish, State Monitor Advocate LISTS 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.	2	2		2		2		2AB0	C Dry				
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Loward Resident Typed Name and Title Debra Minish, State Monitor Advocate Debra Minish, State Monitor Advocate	8. COMMENTS												
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I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Loward Resident Typed Name and Title Date Debra Minish, State Monitor Advocate 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.													
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Loward Resident Typed Name and Title Debra Minish, State Monitor Advocate Debra Minish, State Monitor Advocate													
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I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Loward Resident Typed Name and Title Debra Minish, State Monitor Advocate Debra Minish, State Monitor Advocate													
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Loward Resident Typed Name and Title Debra Minish, State Monitor Advocate Debra Minish, State Monitor Advocate													
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the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Debra Minish, State Monitor Advocate 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.	9. EMPLOYER'S	CERTIFICAT	ION:	awed the ho	usina real	lations of th	e U.S. De	epartment o	f Labor. U	S. Training and Emp	oloyment Servic	e, and	that
Typed Name and Title Low Apo LE, by Resident 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Debra Minish, State Monitor Advocate 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.	the housing des	scribed herein	. ⊠r	neets d	oes not m	eet such sta	andards. I	hereby aut	horize rep	resentatives of the St	tate Employmer	nt Serv	/ice
10. HOUSING INSPECTED BY: Signature of Authorized Official Debra Minish, State Monitor Advocate Date Lower Manuel Man			d Train	ing Administ	ration reg				housing at	any reasonable time		1	/
10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Debra Minish, State Monitor Advocate 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.	Employer's Signat	imployer's Signature								0111		101	15
Signature of Authorized Official Typed Name and Title Debra Minish, State Monitor Advocate 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.	(<i>C</i>	DWAL	20 /	Cipy	The SIDEW	1 0/1	3/1	/		
Debra Minish, State Monitor Advocate 11. APPROVAL: Housing approved for occupancy by workers recruited interstate.	Parties Committee Committe		-	Turn	d Nama	and Title			Date				
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.	Signature of Authorized Official								tate Mo	nitor Advocate	61	51	15
	11 ADDROVAL:	APPROVAL: Housing approved for occupancy by workers re										-1	
Signature of Authorized Official Typed Name and Title Date											Date		
Debra Minish, State Monitor Advocate 6/15/15	Dalu	ature of Authorized Official							ate Mor	itor Advocate	6/1	15/	15

U.S. Departme	ent of Labor, En	mploy	ment and Tr	aining A	dministrati	on	1. EMPL	OYER'S N	NAME AND ADDRESS	et Bureau No. 44-R135
	NG AND EMP							y Apple		
EMPLO	YER FURNI				D FACILI	TIES	7,2552 55		rcial Drive , MO 63090	
2. HOUSING L		Instru	ctions on Rev	erse)						
							3. HOUSI	NG DESC	RIPTION	
	n Three St. ille, MO 633	357		Housir	ng # 1		Split	Level		
4. SLEEP ROOF			ormitory Type	9		b. Fa	mily Type		ES 11SE 0	ANI V
(No. & Measur	re) 1	2	3	4	1	2	3	4	ES USE O	INLY
			-	10	15	11	13	12	(Adults)	3
Width				13	13	11	13	14	6. REGULATIONS COMPLI ("x" proper box)	IANCE Yes No
Ceiling Height	t								Water	
Square Feet				130	195	121	169	168	Electricity	
No. of Rooms									Site	
No. of Beds, Single				1		1			Screening	\boxtimes
No. of Beds or Bunks, Double					2	1	2	2	Heating	\boxtimes
	T5:									
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerhe	eads		
2							2			
Bathtubs	Movable Batht	tubs	Laundry mad	chines	Fixed laun	dry tubs	Movable I	aundry		
2			1 wast				tubs			
Cook Stoves	Refrigerators	-	Garbage cor	tainers	First-aid K	its	Fire Extin	nuishers		
2	4		2		13		(No. & typ	e)		
8. COMMENTS					1. 0	,	2ABC	Dry		
o. 00							3			
9. EMPLOYER'S										
I CERTIF the housing des	Y THAT I have cribed herein	review me	ved the hous	ing regul	ations of the	e U.S. Dep	partment of nereby auth	Labor, U.	S. Training and Employment Sesentatives of the State Emplo	Service, and that
oπice and/or Em	ployment and I	rainin	g Administra	tion regio	onal office to	o inspect t	he above h	ousing at	any reasonable time.	Syment Gervice
Employer's Signatu	ire //	1				d Name a			D	ate /
6-	c - //c							604	PRESIDENT	6/15/15
10. HOUSING INS										
Signature of Author	rized Official	1			d Name ar		4- 14-		ate	
Debro	k 11 he	m	ar					ate Mon	itor Advocate	2 15/15
1. APPROVAL:		ed for	occupancy b	y worke						1
nature of Author	ized Official	\				d Name ar		ha 1.4		ate
Nema	11	10	NON		De	edra Mil	nish, Sta	ie Moni	tor Advocate	6/15/15

U.S. TRAINING	J.S. Department of Labor, Employment and Training Administration J.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)								ME AND ADDRESS e II, Inc. mmercial Drive IS 38671			
	(See	Instruc	tions on Reve	·se)								
2. HOUSING LO	CATION						3. HOUSIN	IG DESCR	RIPTION			
410 S. Eas Parma, MC							House	•				
4. SLEEP ROOMS	s T	a. Do	rmitory Type		1	b. Far	nily Type		EQ	USE ONLY		
(No. & Measure,) 1	2	3	4	1	2	3	4		USE ONE!		
Length					11'3	11'3	15'1		5. CAPACITY (Adults) 6. REGULATIONS	10		
Width					10'3	11'4	11'1		("x" proper box)	COMPLIANCE	Yes	No
Ceiling Height					8	8	8		Water		\boxtimes	ᆜ
Square Feet					116.39	128.8	167.61		Electricity		\boxtimes	
No. of Rooms					1	. 1	1		Site		\boxtimes	Ш
No. of Beds, Single				2			Screening		\boxtimes			
No. of Beds or Bunks, Double							2bk		Heating		\boxtimes	
7. FACILITIES (A	FACILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerho	eads				
1							1					
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laund	dry tubs	Movable	laundry				
1					1		tubs					
Cook Stoves	Refrigerators	3	Garbage co	ntainers	First-aid Kit	ts	Fire Extin					
1	1		2		1		(No. & ty)					
8. COMMENTS												
Trash picku	ıp 1x per v	week										
Dryer onsit	е											
9. EMPLOYER'S	CEDTIFICAT	TION!										$\overline{}$
			ewed the ho	usina rea	ulations of th	he U.S. D	epartment	of Labor. l	J.S. Training and En	nployment Servi	ce, and	that
the housing de	scribed herein	n 🛛 i	meets 🔲 d	oes not r	neet such st	andards.	I hereby au	thorize re	presentatives of the	State Employme		
		nd Trair	Hing Administ	ration re				housing a	at any reasonable tim			
Employer s Signa	Employer's Signature Typed									Date	9-	17
10. HOUSING IN	ISPECTED B	Y: Jo	yce Hahn	10						4	/ /	-
Signature of Auth					Тур	ed Name	and Title			Date		
Ho	ya A	1			J	loyce H	lahn, Pr	ogram (Coordinator	6-	9-1	7
11. APPROVAL	Housing app		for occupano	y by wor	kers recruite	d intersta	ate.					
Signature of Auth	orized Official	, /	,				and Title			Date	0	,
(fo	74C-	Ho	1		J	loyce F	lahn, Pr	ogram (Coordinator	6-	9-1	17

	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE								AME AND ADDRESS te II, Inc.	
	ER FURNI				FACILIT	IES	1926	First Co	mmercial Drive N.	
	(See	Instruc	tions on Reve	rse)		- 1	South	aven, N	/IS 38671	
2. HOUSING LO	CATION						3. HOUSIN	IG DESCR	RIPTION	
410 Main S Hornersville		355					Brick I	Building	3	
4. SLEEP ROOMS	_		rmitory Type	~~~			nily Type		ES USE C	NLY
(No. & Measure		2	3	101/	1	2	3	4	5. CAPACITY	
Length	23'2	18'9		40 k					(Adults) 43 6. REGULATIONS COMPL	IANCE
Width	13'6	12'5	15'8	18,2					("x" proper box)	Yes No
Ceiling Height	8	8	8	18					Water	
Square Feet	315.52	236.2	25 298.62	751.	1				Electricity	
No. of Rooms	1	1	1						Site	\boxtimes
No. of Beds, Single									Screening	\boxtimes
No. of Beds or	Bunks, Double 4 DK 3 DK 4 DK 9 bi								Heating	
7. FACILITIES (Number of each)									48.07	M
Flush Toilets	Urinals		Lav. or Wa	shbasins	Showerhe	eads	1			
10		Urinals Lav.					7			
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laune	dry tubs	Movable	laundry		
	_		_		-	_	tubs			
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid Ki	ts	Fire Extin			
3	#4		6		/		(No. & typ	3C		
8. COMMENTS							1 / / / /			
4 bk = 8	1	FY	eeze	~						
3 bk = 6 4 bk = 8										
9 615-18		_	l l		/	X Q	er we	ell		
total = 22		ra	shp	CIC	up "					
40			,							
9. EMPLOYER'S										
the housing des	cribed herein	∕ 🛛 n	neets 🗌 d	oes not m	eet such sta	andards. I	hereby aut	horize rep	J.S. Training and Employmen presentatives of the State Em	
		d Irain	ing Administ	ration reg		to inspect		nousing a	t any reasonable time.	Date
Employer's Signature						E	(1)	7/	Chic	5-31-17
10. HOUSING IN	SPECTED BY	/: /Joy	ce Hahn							
Signature of Author			Туре	ed Name	and Title			Date		
(for	(force teh						ahn, FL	C Coor	dinator	5-31-17
11. APPROVAL	Housing app	roved f	or occupano	y by work	ers recruite	d interstat	e.			
Signature of Author	~//	1				ed Name		0.0		Date
Claye	a Ha				J	oyce H	ahn, FL	C Coor	dinator	5-5/-//

U.S. Department U.S. TRAININ	nt of Labor, E G AND EMP	mploy LOYN	ment and Trai	ning Ao	lministration	1			AME AND ADDRESS	loget Buleau No. 44-	KIJO
EMPLOY	YER FURN	SHE	D HOUSING	G AND	FACILIT	IES	2717	2 Snap	Road		
			ictions on Rever						MO 65261		
2. HOUSING LC	CATION						3. HOUSII	NG DESCI	RIPTION		
23189 Bel Keytesville							One S	Story Be	edroom House		
4. SLEEP ROOM		a. D	ormitory Type		T	b. Far	nily Type		T 50 1101	- ON V	
(No. & Measure	B) 1	2	3	4	1	2	3	4	5. CAPACITY	E ONLY	
Length					13'5	10			(Adults)	5	
Width					9'10	14			6. REGULATIONS COM ("x" proper box)	MPLIANCE Yes	No
Ceiling Height					8	8			Water	\boxtimes	
Square Feet					122.85	140			Electricity	\boxtimes	
No. of Rooms					1	f			Site	\boxtimes	
No. of Beds, Single					7	1			Screening	\boxtimes	
No. of Beds or Bunks, Double		umber of each)				1 Bx	,		Heating		
7. FACILITIES (/	(Number of each)						-				
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads			
1	Privy Urinals La						1				
Bathtubs	Movable Bath	ntubs	Laundry mac	nines	Fixed laund	ry tubs	Movable	laundry			
1			1				tubs				
Cook Stoves	Refrigerators		Garbage cont	ainers	First-aid Kits	S	Fire Extin	guishers			
1	1		1		1		(No. & typ				
8. COMMENTS											
Inspected u	using ETA	regu	lations (50	sq. ft	per pers	son)					
		Ū			, per pere	,					
9. EMPLOYER'S	CERTIFICATION	ON:									
I CERTIF	Y THAT I hav	e revie	wed the housi	ng regu	lations of the	U.S. Dep	partment of	f Labor, U.	S. Training and Employm	nent Service, and th	hat
office and/or Em	cribed herein aployment and	∐ m Traini	neets 💹 doe na Administrat	s not mai	eet such star onal office to	ndards. I h inspect t	nereby auti	horize repr	esentatives of the State I	Employment Service	ж
office and/or Employment and Training Administration regional office to inspect the a Employer's Signature Typed Name and T										Date	\dashv
						boe	£ , 3	SONY	5 Sl	2-11-1	6
	HOUSING INSPECTED BY:										
ignature of Authorized Official Ty						Name a	nd Title	ī		Date	\neg
Gare	- Xth	_				Office	AR	nn		2.11-16	,
		oved fo	or occupancy b	y worke						means.	
Signature of Author	rized Official				Typed	Name ar	nd Title			Date	
Tique	figue Al						Har	1n		12-11-(1	0

									Bu	udget Bureau No. 44-R13
U.S. Department	of Labor, E	mployn	nent and Trai	ning A	dministration		1. EMPLO	OYER'S N	IAME AND ADDRESS	
U.S. TRAINING	AND EMP	LOYM	ENT SERVI	CE				rson Fa		
EMPLOY	ER FURNI	SHED	HOUSING	G ANI	FACILITIES			State F		
	(See	e Instruc	tions on Rever	se)			Horne	ersville,	MO 63855	
2. HOUSING LOC	CATION						3. HOUSII	NG DESC	RIPTION	
2002 Count	tv Road 6	57					House	_		
Hornersville	, MO 638	355					11003	C		
4. SLEEP ROOMS	3	a. Do	rmitory Type		l b	Far	nily Type			
(No. & Measure)		2	3	4		2	3	4	ES USE	ONLY
Length	12'10	121	0 18'5						5. CAPACITY	
Width	1211						 		(Adults) 6. REGULATIONS COM	API IANCE
	136	13%	15.4						("x" proper box)	Yes No
Ceiling Height									Water	
Square Feet									Electricity	
No. of Rooms										
No. of Beds,									Site	
Single									Screening	X
No. of Beds or	No. of Beds or Bunks, Double / DBL / DBL FACILITIES (Number of each)								Heating	
		6)							rieating	
	Privy		Urinals		TI 10/ 11		01 1		1	
O I	iivy		Officials		Lav. or Washbas	sins	Showerhe	eads		
							/			
Bathtubs N	Movable Bath	ntubs	Laundry mach	nines	Fixed laundry tub	bs	Movable I	laundry	1	
2							tubs	,		
0]	
Cook Stoves	Refrigerators	1	Garbage cont	ainers	First-aid Kits		Fire Extin			
1	1				1		(NO. & typ) C)		
B. COMMENTS						-	_		L.,	
Dum	nelar		15645	\						
P vv	psei	Pr	CIC mg							
Ο.	_	•								
Urher										
0										
. EMPLOYER'S C										
the housing descri	ribed herein	e reviev	eets doe	ng regu s not m	lations of the U.S.	. Dep	partment of	f Labor, U	.S. Training and Employm resentatives of the State E	ent Service, and that
Office and/or Emp	loyment and	Trainin	g Administrat	ion reg	ional office to insp	ect t	he above h	nousing at	any reasonable time.	imployment Service
mployers Signatur	е				T 1 N1		1 77744			Date
Mann	- Harrison					1	amer	502 C	Eneral	12 12 18
0. HOUSING INSF	ECTED BY:				100-1	<u> </u>			Enera 1 Partner	12-12-18
	nature of Authorized Official						nd Title		/	D-1.
/ /a. 1	a. // /							aram C	coordinator	Date
1 APPROVAL	freta							grain C	alliator	12-12-18
1. APPROVAL: 'H		oved for	occupancy b	y work	ers recruited inters					
Igrigiture of Authoriz	Official	-			Typed Nam					Date
Jan !	Har				Joyce	на	nn, Pro	gram C	oordinator	121218
1 ' / /										

									Budget	Bureau No. 44	4-R135
U.S. Departme	ent of Labor, Em	ploy	ment and Tra	ining A	dministration	1			AME AND ADDRESS	Bulcas No. 4-	1-1(100
									l Farms		
EMPLO	YER FURNIS (See 1		D HOUSIN ctions on Reve		FACILIT	IES		King Strageville,	eet MO 63873		
2. HOUSING L							3. HOUSII	NG DESC	RIPTION		
	g Street, Apt ille, MO 6387						Apart				
4. SLEEP ROOF			ormitory Type			b. Far	nily Type		ES USE O	All V	
(No. & Measu	re) 1	2	3	4	1	2	3	4	5. CAPACITY	NLY	
Length					9'2	115		ļ	(Adults)		
Width					12	121			6. REGULATIONS COMPLICATIONS COMPLICATIONS COMPLICATIONS	ANCE Yes	No
Ceiling Heigh	t		l l						Water	\boxtimes	
Square Feet					1104	1734	5		Electricity	\boxtimes	
No. of Rooms	3								Site	\boxtimes	
No. of Beds, Single									Screening	\boxtimes	
No. of Beds o Bunks, Double									Heating	\boxtimes	
7. FACILITIES ((Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
/		Ciniais									
Bathtubs	Movable Bathtu	ıbs	Laundry mad	chines	Fixed laund	Iry tubs	Movable	laundry			
/			1				tubs				
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	s	Fire Extin				
1	/		}		1		(No. & typ	oe)			
8. COMMENTS					/		/				
1-Dryer											
1-Dryer	er										
1 000											
EMPLOYER'S I CERTI			wed the hous	sina reau	lations of the	IIS De	nartment o	flahor II	S. Training and Employment	Caprice and	that
the housing de	scribed herein	⊠ m	eets do	es not m	eet such star	ndards. I i	hereby auti	horize rep	resentatives of the State Empl	loyment Serv	ice
office and/or E	mployment and T	raini	ng Administra	tion regi	ional office to	inspect t	he above h	housing at	any reasonable time.		
Employer's Signature Typ							nd Title	1001	7	Date 9	10
10. HOUSING INSPECTED BY: Anita Dixson							9200	ye (1-1-	/ /
Signature of Auth	a Dixson		Type	d Name a	nd Title		Ir	Date / /			
Ante Peron							ate Mon	itor Advocate	2/9/1	7	
11. APPROVAL:	Housing approv	ed fo	or occupancy	by worke	ers recruited	interstate				711	1
Signature of Author		,		-		Name a			Ic	Date /	1
1/1/2	# 1/1	Om		Ar	nita Dix	son, Sta	ate Mon	itor Advocate	2/9/	17	

U.S. Departme U.S. TRAININ	nt of Labor, I	Employ PLOYN	ment and Tr	aining A	dministration	1			AME AND ADDRESS			
	YER FURN				FACILIT	IFS		to Hern NW Ba	andez ck Creek Rd.			
1			ctions on Rev		NOILI	0	Arcad	dia, FL 3	34265			
2. HOUSING LO	CATION						3. HOUSIN	NG DESCI	RIPTION			
511 Main Hornersvil		Bib 855	bs Truck	ing pro	viding ho	using	Mess	Hall/Bu	ink House			
4. SLEEP ROOM	AS	a. D	ormitory Type	9		b Far	nily Type					
(No. & Measur	e) 1	2		4	1	2	3	4	ES USE (ONLY		
Length	148	20	3						5. CAPACITY 20			
Width	26'5	26'	5						6. REGULATIONS COMPL ("x" proper box)	IANCE Yes No		
Ceiling Height	8	8							Water	\boxtimes		
Square Feet	392.2	531.	95						Electricity			
No. of Rooms		1							Site			
No. of Beds, Single									Screening			
No. of Beds or Bunks, Double		6							Heating	\boxtimes		
7. FACILITIES (I		ch)										
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads				
6					_	7		/_				
Bathtubs	Movable Ba	thtubs	Laundry ma	chines	Fixed laund	ry tubs	Movable I	laundry				
1			1				tubs					
Cook Stoves	Refrigerators	3	Garbage co	ntainers	First-aid Kit	s	Fire Extin					
2	2		2		1		(No. & typ					
8. COMMENTS							9 16					
Cloth	S lin	e 1	oack,	Jar	<u>d</u> .							
			14	11/20	12							
Trash	· BICK	-U,	e in	Wee								
	•											
EMPLOYER'S I CERTII			wed the hou	eina reau	lations of the	II S Do	nadmant o	flabor II	S. Training and Employment	Cardina and that		
the housing des	scribed herein	_ ⊠ m	neets 🔲 do	es not m	eet such star	ndards. I	hereby auti	horize repi	esentatives of the State Employment resentatives of the State Employment any reasonable time.	oloyment Service		
Employer's Signat		/	ing Administr	ation reg		Name a		nousing at	any reasonable time.	Date		
Cond B	Illes.	Don	with			mile	13/1	Mn 2	bright	(-31-17		
10. HOUSING IN	SPECTED BY	: Joy	ce Hahn			- Company		w J /		5 -1 1/		
Signature of Author	ignature of Authorized Official						nd Title			Date		
Lf0.	(fogutal						ahn, FLC	Coord	inator	5-31-17		
11. APPROVAL:	Housing app	roved fo	or occupancy	by work								
Signature of Author	rized Official	//	_		1.5	Typed Name and Title				Date		
you	gnature of Authorized Official						Joyce Hahn, FLC Coordinator					

U.S. Departmen						dministration			YER'S N	AME AND ADDRESS	et bureau IVO. 44	-K1330
		URNIS	HED	HOUSIN	G AND	FACILIT	IES	2746		ck Creek Rd.		
		100000000000000000000000000000000000000	nstruc	tions on Rever	rse)							
2. HOUSING LO	CATIO	N						3. HOUSIN	NG DESCI	RIPTION		
303 Mulbe Hornersvill			55					Single	e Family	/ Home		
4. SLEEP ROOM		T		rmitory Type	-			nily Type		ES USE (ONLY	
(No. & Measure	-	1 11'3	2	3	4	1	2	3	4	5. CAPACITY 3		_
Width	-	11'4				1				6. REGULATIONS COMPL	JANCE	
Ceiling Height	-	8		-						("x" proper box) Water	Yes	No
Square Feet	11	28.82			-							$\frac{\sqcup}{\sqcap}$
No. of Rooms	12	20.02				-				Electricity		
No. of Beds,				-						Site		$\frac{\sqcup}{\Box}$
Single No. of Beds or	_	1								Screening		ᆜ
Bunks, Double	1	bunk								Heating		Ш
7. FACILITIES (A		of each)										
Flush Toilets	Privy			Urinals		Lav. or Was	shbasins	Showerhe	eads			
1						1		1				
Bathtubs	Movab	le Bathtu	ubs	Laundry mad	hines	Fixed laund	lry tubs	Movable I	aundry			
1								tubs				
Cook Stoves	Refrige	erators		Garbage cor	tainers	First-aid Kit	s	Fire Extin	guishers			
1	1			2		1		(No. & typ	e)			
8. COMMENTS												
2 smoke a	larms	;										
9. EMPLOYER'S	CERTII	FICATIO	NI:	***								
I CERTIF	Y THA	TIhave	revie	wed the hous	sing regu	lations of the	e U.S. De	partment o	f Labor, U	S. Training and Employmen	t Service, and	that
the housing des	scribed	herein	⊠ m Traini	eets do	es not m	eet such sta	ndards. I	hereby aut	horize rep	resentatives of the State Em any reasonable time.	ployment Servi	ice
Employer's Signat		cin and i	i i can in	ng Administre	attorrieg		d Name a		lousing at	any reasonable time.	Date	
		Ho	rva	th		,,,,,		tion mar	nager		1/24/1	10
10. HOUSING IN				ce Hahn			Орега	uon mai	lagei		1/24/	10
Signature of Author	rized C	Official	,			Туре	d Name a	nd Title			Date	$\overline{}$
(Jan	w	Hol				Jo	yce Ha	ahn, Pro	gram C	Coordinator	1-24-1	8
11. APPROVAL:	Housir	ig approv	ved fo	or occupancy	by work	ers recruited	interstate					
Signature of Author	orized O	fficial					d Name a				Date	
4 ay	a)	tel_				Jo	yce Ha	hn, Pro	gram C	coordinator	1-24-1	8

									Bu	dget Bureau No. 4	4-R1358
U.S. Departmen					dministration				AME AND ADDRESS	_	
					FACILITII				andez Harvesting, ckcreek Rd.	Inc.	
EWIFLOT			ctions on Re		FACILITI	E5		lia, FL			
2. HOUSING LC	CATION						3. HOUSIN	NG DESC	RIPTION		
515 Main S	Street						Bunk	House			
Hornersvill											
Bibbs Truc											
4. SLEEP ROOM (No. & Measure		a. D	ormitory Typ	e 4	1	b. Fan 2	nily Type 3	4	ES USE	ONLY	
Length	47	22'	7						5. CAPACITY (Adults) 2	26	
Width	22'6	19'	9						6. REGULATIONS CON ("x" proper box)	1PLIANCE Yes	No
Ceiling Height	9	9							Water	Tes	
Square Feet	1062.2	451.	73						Electricity		一
No. of Rooms									Site		
No. of Beds,									Screening		
No. of Beds or		3 bur	nks	-					Heating		
Bunks, Double 7. FACILITIES (I								L	ricating		
Flush Toilets	Privy	211)	Urinals		Lav. or Was	hhasins	Showerhe	eads			
2	,				3		3	Jaao			
10.000											
Bathtubs	Movable Bat	htubs	Laundry m	achines	Fixed laundr	y tubs	Movable tubs	laundry			
Cook Stoves	Refrigerators	6	Garbage c	ontainers	First-aid Kits		Fire Extin				
2	2		4		2		(No. & typ	oe)			
8. COMMENTS	L		L		1						
3 smoke al	arms										
3 a/c units											
9. EMPLOYER'S	CERTIFICAT	ION:									
I CERTII	FY THAT I ha	ve revi	ewed the ho	using reg	ulations of the	U.S. De	partment o	f Labor, U	.S. Training and Employm	ent Service, and	that
the housing des				loes not m	neet such stan	dards. I	hereby aut	horize rep	resentatives of the State E any reasonable time.	Employment Sen	vice
Employer's Signat		u rrain	ing Adminis	iration reg		Name a		lousing at	arry reasonable time.	Date	
Z	onald	Hor	vath		On	eration	ns Mana	ger		1/24/18	
10. HOUSING IN	-		ce Hahn		1 0 0	O G G G G	io mana	901		1/24/10	
Signature of Author	orized Official	1			Typed	Name a	nd Title			Date	
Chon	a Ha	_			Jo	усе На	ahn, FLO	Coord	dinator	1-24-	R
12/		royed f	or occupant	y by work	ers recruited i	interstate	9.			1,011	2
Signature of Author	orized Official	/			Typed	Name a	nd Title			Date	
Goya	Ha	/_			Jo	усе На	ahn, FLO	Coord	linator	1-24-1	7
11										1	

2. HOUSING LO	G AND EMI 'ER FURN (SE CATION Street	ISHE Lee Instru	D HOUSING	CE G AND	FACILITI	Jacinto Hernandez					R1358
Hornersvill	e, MO 63	855									
4. SLEEP ROOM (No. & Measure		a. D	ormitory Type	4	1	b. Fan	nily Type	1 4	ES USE	ONLY	
Length	14'8	20'		-	'	2	3	4	5. CAPACITY 2	0	
Width	26'5	26'	5						6. REGULATIONS COM ("x" proper box)	PLIANCE	Na
Ceiling Height	8	8							Water	Yes	No
Square Feet	392.2	537.	95						Electricity	\boxtimes	
No. of Rooms	1	1							Site	\boxtimes	
No. of Beds, Single									Screening	\boxtimes	
No. of Beds or Bunks, Double	4 bks	6 bk	s						Heating	\boxtimes	
7. FACILITIES (A	lumber of ea	ch)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerh	eads			
6					7		6				
Bathtubs	Movable Ba	thtubs	Laundry mad	hines	Fixed laund	ry tubs	Movable	laundry			
			1				tubs				
Cook Stoves	Refrigerator	S	Garbage con	tainers	First-aid Kits	s	Fire Extin	guishers			
2	2		2		2		(No. & typ	3,200			
8. COMMENTS	***************************************				L		1				
Cloths line Trash picku											
the housing des office and/or Em	Y THAT I hat cribed herein ployment an	ve revie	neets 🔲 do	es not m	eet such star	ndards. I	hereby aut	horize rep	.S. Training and Employmeresentatives of the State E any reasonable time.	ent Service, and the mployment Service	nat e
Employer's Signatu	ld Hor	with	6.		Турес	d Name a	nd Title			Date	
10. HOUSING INS					Op	eration	s Manag	ger		1/24/18	_
Signature of Autho		r: Joy	ce Hahn		T	1.51	- 1 T'11 -			7=	_
Signature of Autho	o X	1/2			1	d Name a byce Ha	na ritie ahn, FL(C Coord	linator	1- 24 13	
11. APPROVAL:	Housing app	royed f	or occupancy	by work						11 07-11	2
		/				d Name a				Date	\neg
ignature of Authorized Official					Jo	Joyce Hahn, FLC Coordinator 1-24-18					

	at of Labor, Employs G AND EMPLOYM	ment and Training Ad IENT SERVICE	lministration	Keeven Brothers				
EMPLOY	ER FURNISHEI	D HOUSING AND	FACILITIES	The state of the s	a Hill Road			
	(See Instru	ctions on Reverse)		O'Fallon,	MO 63366			
2. HOUSING LO	CATION			3. HOUSING D	ESCRIPTION			
2421 Bree: O'Fallon, M	ze Point Lane IO 63368			House				
4. SLEEP ROOM		ormitory Type		mily Type	ES US	E ONLY		
(No. & Measure	$\frac{1}{1}$ $\frac{2}{9}$	10'9	1 2	3	5. CAPACITY			
Width	8'10 12	1 12'8			(Adults) 6. REGULATIONS COI			
Ceiling Height	8 8	8			("x" proper box) Water	Yes No		
Square Feet	90 93				Electricity			
No. of Rooms	1 1	1			Site			
No. of Beds, Single	2 2	2			Screening			
No. of Beds or Bunks, Double					Heating			
7. FACILITIES (A	lumber of each)							
Flush Toilets	Privy	Urinals	Lav. or Washbasins	Showerheads				
1				1				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laund	dry			
1		1	,	tubs				
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits	Fire Extinguis	hers			
1	1	/	1	(No. & type)				
8. COMMENTS		•		, ,,,,,				
1 Dr	ner							
the housing des	FY THAT I have reviescribed herein \(\oxedag{\oxedag{N}} \) n	neets does not m	eet such standards.	hereby authoriz	por, U.S. Training and Employr re representatives of the State ing at any reasonable time.	ment Service, and that Employment Service		
Employer's Signat	ure /1 10	112	Typed Name		Æ (Date		
MMI	1 Kills	<u> </u>	Arlen	W. HAL	I Superior	12-20-18		
10. HOUSING INS			Toronto	d Tiv		- In t		
Signature of Autho	mzed Official	/	Typed Name		m Coordinator	Date		
11. APPEROVAL:	ce Ho					12-20-18		
Signature of Autho		or occupancy by work	ers recruited interstated Typed Name			Data		
1	11/				m Coordinator	Date		
Tayu	-/Vez		Joyce II	aiii, i iogra	Ooorainatoi	1220-10		

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (Sive Instructions on Reverse) 2. HOUSING LOCATION 26511 Norwesp Rd. Stark City, MO 64866 4. SIEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 Single story house 4. SIEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 Single story house 4. SIEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 Single story house 6. CAPACITY (Adults) 14'5 11'1 11'2 6. REGULATIONS COMPLIANCE (Tripoper Jose) Webster Ceiling Holgh Square Feet Mo. of Rooms Mo. of Rooms Mo. of Rooms Mo. of Rode, Single Mo. of Bods, Single story house 1 1 1 Screening Mostle Mo. of Rode Mo. of Rooms Mo. of Rode Mo. of Rooms Mo. of Rode Reality (Muniber of each) Flush Toliets Prhy Uriteds Leuw or Wealthbastes 1 1 Sethitubs Moveble Bathtubs Moveble Bathtubs Accommendate 1 1 Reality (No. & Ope) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	U.S. Departm										Form Approx Budget Bans	# I
EMPLOYER FURNISHED HOUSING AND FACILITIES (She Instructions on Reverse) 2. HOUSING LOCATION 26511 Norwesy Rd. Stark City, MO 64866 4. SLEEP ROOMS (No. & Mosaure) 1 2 3 4 1 2 3 4 6 E8 USE ONLY Length Width 11'6 11'6 11'6 11'1 11'2 6. REGULATIONS COMPLIANCE Ceiling Height 8 8 8 Weter Squere Feet 166.75 127.65 129.92 Electricity No. of Rooms Mo. of Beds, Sligels No. of Beds (Number of each) Flush Toilets Prhy 1 Urinets Laundry machines 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ent of Labo NG AND F	er, Employ	yment and 'I MENT CED	raining A	Sna loistratio	מ				3	
(See Instructions on Reverse) 2. HOUSING LOCATION 26511 Norwesty Rd. Stark City, MO 64868 4. SLEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 ES USE ONLY Length Width 11'6 11'6 11'6 5. CAPACITY 4 (Adulte) Width 14'6 11'1 11'2 8. REQULATIONS COMPLIANCE (T. proper box) Ceiting Height 8 8 8 Water Squere Feet 166.75 127.65 129.92 Electricity No. of Rooms Mo. of Bods, Slegte No. of Bods or Beds or Beats, Double 1							-10-0	K&K	Cattle a	ind Land, Inc.		
2. HOUSING LOCATION 28511 Norway Rd. Stark City, MO 64866 4. SLEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 1 12 3 4 1 16 11'6 11'6 6. CAPACITY (Actula) Wildth 14'6 11'1 11'2 6. REGULATIONS COMPLIANCE ('X' proper box) Ceiling Height 8 8 8 Wester Square Feet 166.75 127.65 129.92 Electricity No. of Rooms No. of Bads, Single No. of Bads ar Banks, Doubte 1 1 1 Screening No. of Bads ar Banks, Doubte 1 1 1 Screening No. of Bads ar Banks, Doubte 1 1 1 Screening No. of Bads ar Banks, Doubte 1 1 Novable Bathlube Laundry machines 1 1 Privy Urinals 1 1 Novable Bathlube Laundry machines 1 1 Prive-laid ICle 1 Prive Edinguishers 1 1 Novable Bathlube		1 (1 -0)				PACILII	ies			65708		
Stark City, MO 64866 4. SLEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 5. CAPACITY (Actuals) Length 11'5 11'5 11'5 11'5 6. REGULATIONS COMPLIANCE (% proper box) Celling Height 8 8 8 Water Square Feel 166.75 127.65 129.92 Electricity No. of Roome 166.75 127.65 129.92 Electricity No. of Beds, Single No. of Beds or Busins, Doubte 17. Fixed laundry tube 17. Fixed laundry tube 18. Showetheade 1 1. Dook Stowea Resirigerators 1. Garbage conteiners 1. Fixed laundry tube 1. Resinguishers (No. & Moyes) Resirigerators 1. Garbage conteiners 1. Fixed laundry tube 1. Resinguishers (No. & Moyes) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. HOUSING L	OCATION						3. HOUST	IG DESC	RIPTION		niPe
4. SLEEP ROOMS 6. Damilory Type b. Family Type ES USE ONLY Length 1 2 3 4 1 2 3 4 Length 11'5 11'5 11'6 5. CAPACITY Adultal 4. Adultal 4. Adultal Width 14'5 11'1 11'2 6. REGULATIONS COMPLIANCE (1' proper box) 1. 2 1 1 1 1'2 Calling Height 8 8 8 Wester Squere Feet 168.76 127.65 129.92 Electricity No. of Rooms 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								50000				
Length 1 2 3 4 1 2 3 4 5 CAPACITY (Actulis) Length 1116 1116 1116 5 CAPACITY (Actulis) Witoth 1415 1111 1112 6 REGULATIONS COMPLIANCE (Tr' proper box) Ceiling Height 8 8 8 8 Water Square Peel 168.76 127.65 129.92 Electricity No. of Roome 168.76 127.65 129.92 Electricity No. of Roome 17 1 1 Screening No. of Beds or Bunks, Doubte 7 Phy Urinsis Law, or Washbaskis Showerheads 1 1 1 Bathtubs Rovable Bathtubs Laundry machines 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Stark City	, MO 64	1866					University of	ololy .	10200		
Length 1 2 3 4 1 2 3 4 5 CAPACITY (Actulis) Length 11'6 11'6 11'6 11'6 5 CAPACITY (Actulis) Within 14'6 11'1 11'2 6 REGULATIONS COMPLIANCE (Tr' proper box) Celling Height 8 8 8 8 Water Square Feet 168.75 127.65 129.92 Electricity No. of Rooms Site Screening No. of Beds or Bushts, Double 11 1 Screening T. FACILITIES (Number of each) Flush Tollets Privy Urinets Laundry machines 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
Length Width 11'6 11'6 11'1 11'2 6. REGULATIONS COMPLIANCE ('x' proper box) Celling Height 8 8 8 8 Water Square Feet 166.76 127.65 129.92 Electricity No. of Rooms Mo. of Beds. Skigle Mo. of Beds or Busite, Double 7. FACILITIES (Number of each) Flush Tollets 1 Bathtubs Movable Bathtubs 1 Cook Stovea Refrigerators 1 Garbage containers First-aid Kits Fire Extinguishers (No. 6 type) 1 Kiddie					20	1.				Es	USE ONLY	
Wildth 14'6 11'1 11'2 8. REGULATIONS COMPLIANCE Calling Height 8 8 8 8 Water Square Feet 166.76 127.65 129.92 Electricity No. of Roome Site Mo. of Beds. Slagte 2 1 1 Socreening No. of Beds or Bunks, Doubte Hearting 7. FACRLITIES (Number of each) Flush Tollets Privy Urinete Laundry machines 1 1 Bestitutes Movable Bathlube Laundry machines Fixed laundry tube Movable laundry tube 1 1 Cook Stoves Resirigerators Garbage containers 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					 `	11'8	-		4	5. CAPACITY		
Ceiling Height 8 8 8 Water Square Feel 168.75 127.65 129.92 Electricity No. of Rooms Site No. of Bede, Stagle 2 1 1 Screening No. of Beds or Bunks, Doubte Heating 7. FACILITIES (Number of each) Flush Tollets Privy Urinels Laundry machines 1 1 Bathtubs Movable Bathtube Laundry machines Fixed laundry tube Movable teundry tube 1 Cook Stoves Refrigerators Garbage conteilners Piret-aid Kite Pire Entinguishers (No. 6 type) 1 kiddie	Wildth	\top	_		_			-				-
Square Feet 168.75 127.65 129.92 Electricity No. of Roome Site Ma. of Bede, Stagle 2 1 1 Screening No. of Beds or Buntes, Double Heating 7. FACELITIES (Number of each) Flush Tollets Privy Urinels Law. or Washbasins Showerheads 1 1 Bathtubs Movable Bathtubs Laundry machines 1 1 Cook Stoves Refrigerators Genberg Cho. & Oppo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Celting Heigh		+-	+-	+-	-				("t" proper box)		-
No. of Rooms No. of Beds, Single No. of Beds, Single No. of Beds or Sunts, Doubte 7. FACILITIES (Number of each) Flush Tollets 1 Bathtubs Movable Bathlubs Laundry machines 1 Cook Stoves Refrigerators Garbage conteiners 1 Refrigerators Garbage conteiners 1 Refrigerators Refrigerators 1 Refrigerators Ref		`-	_		-	-						
No. of Beds, Steple No. of Beds or Buntos, Double 7. FACILITIES (Number of each) Flush Tollets 1 Bethtubs Movable Bathlubs Laundry machines 1 Cook Stoves Refrigerators 1 Garbage conteiners 1 First-aid ICIs		_				168.76	127.65	129.92		Electricity		
Single No. of Beds or Bunits, Double 7. FACILITIES (Number of each) Flush Tollets 1 Bathtubs 1 Movable Bathlubs 1 Laundry machines 1 Gook Stoves 1 Rafrigerators 1 Garbage containers 1 Rafrigerators 1 Rafrig		1								Sile		
Busies, Doubte 7. FACELITIES (Number of each) Flush Tollets 1 Buthtubs 1 Movable Bathtubs 1 Cook Stoves 1 Refrigerators 1 Gerbege containers 1 Heating Heating Howarheads 1 Inv. or Washbasins Showerheads 1 Novable teumory tubs 1 Fixed laundry tubs 1 Fire Extinguishers (No. & type) 1 kiddle	Single					2	1	1		Screening		
Flush Toilets Privy Urfnels Lav. or Washbasins Showerheada 1 Bathtubs Movable Bathlubs Laundry machines 1 Cook Stoves Refrigerators 1 Garbage containers 1 Refrigerators 1	Bunks, Double									Heating		-
1 Bathtubs Movable Bathlubs Laundry machines 1 Movable taundry tube 1 1 Movable taundry tube 1 Movable taundry tube 1 1 Movable taundry tube 1 Movable taundry t		THE RESIDENCE OF THE PERSON NAMED IN	esch)									
Bathtubs Movable Bathlubs Laundry machines Fixed laundry tube Movable teundry tube Cook Stoves Rairigerators Garbage containers First-aid IClts Fire Extinguishers (No. & type) 1		Privy		Urinate		Lav. or We	shbasins	Showerhe	ada			
1 Cook Stoves Resirigerators Gerbege containers First-aid Kills Fire Extinguishers (No. & type) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1		1				
Cook Stoves Refrigerators Gerbage containers First-aid (Cla Firs Entinguishers (No. & type) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bathtubs	Movable	Bathluba	Laundry m	echines	Fixed laund	ry tube	Movable t	sundry			
1 1 1 (No. & type) 1kiddle	1			1				tubs				
1 1 1 (No. & type) 1kiddle		1			- 1							
1Klddle	Cook Stoves	Refrigerat	tota	Garbage co	entelnera	Piret-aid (Cit)	Fire Exting	ulshers			
	1		Cota	_	ontainers			(No. & lyp	8)			
	8. COMMENTS 8. EMPLOYER'S 1 CERTIF	CERTIFICA FY THAT I I celbed here apployment	ATION;	wed the house of the state of t	sting ragul	ations of the et evok ster	U.S. Dep	(No. & typ 1kidd	labor, U	S. Training and Empl seculatives of the Sig any reasonable time.	ata Masakasaa	- 11
VIP CULLER DRES 22	9. EMPLOYER'S 1 CERTITE the housing describes and/or En	CERTIFICA FY THAT I I celbed here apployment	ATION;	wed the house of the state of t	sting ragul	alloss of the et auch star mai office to	U.S. Dep darde. I b inspect ti Name ar	(No. & typ 1kidd seriment of sereby eath to above he	Leber, U.	seenlatives of the Ste any reasonable time.	ile Employmer Date	1
10. HOUSING INSPECTED BY:	8. COMMENTS 9. EMPLOYER'S 1 CERTIF the housing det office and/or En	CERTIFICA FY THAT I I cribed here aployment i	ATION: have revie sin 🔯 m and Traini	wed the house of the state of t	sting ragul	alloss of the et auch star mai office to	U.S. Dep darde. I b inspect ti Name ar	(No. & typ 1kidd seriment of sereby eath to above he	Leber, U.	seenlatives of the Ste any reasonable time.	ile Employmer Date	1
10. MOUSING INSPECTED BY:	9. EMPLOYER'S 1 CERTIF the housing des office and/or En	CERTIFICATION THAT I I I I I I I I I I I I I I I I I I I	ATION; have revised mind Training	wed the house of the state of t	sting ragul	ations of the et auch star mel office to Typed	U.S. Dep dante. 1 h inspect ti Name ar	(No. & typ 1kidd seriment of sereby eath the above he d Title	Leber, U.	seenlatives of the Ste any reasonable time.	Date 2-2	1
10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Date	9. EMPLOYER'S 1 CERTIF the housing desortion and/or Employer's Signation.	CERTIFICA PY THAT I I scribed here aployment is ure BPECTED I	ATION; have revised mind Training	wed the house of the state of t	sting ragul	ations of the et auch star mel office to Typed	U.S. Dep darde. I h fespoct ti Name ar	INO. & typ 1 kidd 1	Laber, U. orizo rapro nuelno et	eventatives of the 84s eny reasonable time.	Date Date	1
10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Typed Name and Title Deta	9. EMPLOYER'S 1 CERTIF the housing decoffice and/or En Employer's Signation 10. HOUSING INE	CERTIFICATION THAT III	ATION; have revised in Manual Training BY; at proved to	wed the house day	raing regul	alloss of the et auch ster mel office to	U.S. Depdards. I h frapoct til Name an	INO. & typ 1 kidd I k	Laber, U. orizo rapro nuelno et	eventatives of the 84s eny reasonable time.	Date Date	1
1. APPROVAL: Hopsing approved for pocupancy by workers recruited interstate. Typed Name and Title Date 1. APPROVAL: Hopsing approved for pocupancy by workers recruited interstate. Typed Name and Title Date	8. COMMENTS 9. EMPLOYER'S 1 CERTIF the housing decorated and/or En Employer's Signature 10. HOUSING INTERPROVAL: Signature of Authority	CERTIFICATION TO THE PROPERTY OF THAT I I I CHIDDEN THAT I I I CHIDDEN THAT I I CHIDDEN THAT I I CHIDDEN THAT I I CHIDDEN THAT I CHIDEN THAT I CHIDE	ATION; have revised in Manual Training BY; at proved to	wed the house day	raing regul	ations of the structure in Typed Typed Typed	U.S. Depdante. I h inspect ti Name an Name an	Ikidd Ik	Leber, U. orizo repropueling et	eventatives of the 84s eny reasonable time.	Dete 2-3	1
10. HOUSING INSPECTED BY: Signature of Autiforized Official Typed Name and Title One of Autiforized Official Typed Name and Typed Name and Title One of Autiforized Official Typed Name and Typed	9. EMPLOYER'S 1 CERTIF the housing decortice and/or En Employer's Signature of Autifo 1. APPROVAL: Signature of Autifo	CERTIFICATION TO THE PROPERTY OF THAT I I I CHIDDEN THAT I I I CHIDDEN THAT I I CHIDDEN THAT I I CHIDDEN THAT I I CHIDDEN THAT I CHIDEN THAT I CHIDE	ATION; have revised in Manual Training BY; at proved to	wed the house day	raing regul	ations of the structure in Typed Typed Typed	U.S. Depdante. I h inspect ti Name an Name an	Ikidd Ik	Leber, U. orizo repropueling et	eventatives of the 84s eny reasonable time.	Dete 2-3	1
10. HOUSING INSPECTED BY: Signature of Antiforized Official Typed Name and Title Out 1. APPROVAL: Hopping approved for pocupancy by workers recruited interstate. Typed Name and Title Out 1. APPROVAL: Hopping approved for pocupancy by workers recruited interstate. Typed Name and Title Onte	8. COMMENTS 8. EMPLOYER'S 1 CERTIF the housing decodice and/or En 5 Inployer's Signation 10. HOUSING INTERPROVAL: Signature of Autifority 11. APPROVAL:	CERTIFICATION TO THE PROPERTY OF THAT I I I CHIDDEN THAT I I I CHIDDEN THAT I I CHIDDEN THAT I I CHIDDEN THAT I I CHIDDEN THAT I CHIDEN THAT I CHIDE	ATION; have revised in Manual Training BY; at proved to	wed the house day	raing regul	ations of the structure in Typed Typed Typed	U.S. Depdante. I h inspect ti Name an Name an	Ikidd Ik	Leber, U. orizo repropueling et	eventatives of the 84s eny reasonable time.	Dete 2-3	

U.S. Departme U.S. TRAININ	ent of Labor	r, Employ	ment and Tra	ining A	dministration	n			AME AND ADDRESS	lget Bureau No. 44-R13
S.F.							601 13	attle a	and Land, Inc.	
EINIFLO			D HOUSIN		FACILIT	IES	Monet		65708	
2. HOUSING LO		(See Instr	actions on Reve	rse)						
26511 No		ı					3. HOUSING			
Stark City							Single	story I	house	
4. SLEEP ROOM (No. & Measur		a. D	ormitory Type	4	1	T	nily Type		ES USE	ONLY
Length				7	11'5	11'5	11'6	4	5. CAPACITY (Adults)	4
Width					14'5	11'1	11'2		6. REGULATIONS COMF	PLIANCE Yes No
Ceiling Height					8	8	8		Water	
Square Feet					166.75	127.65	129.92		Electricity	
No. of Rooms									Site	
No. of Beds, Single					2	1			Screening	
No. of Beds or Bunks, Double									Heating	N F
7. FACILITIES (I	Number of e	each)								
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhea	ıds		
(1		1			
Bathtubs	Movable E	Rathtube	Launday mad	hinaa	Fined Invest					
	IVIOVADIC L	Jamuus	Laundry mad	mines	Fixed laund	iry tubs	Movable la	undry		
			1							
Cook Stoves	Refrigerate	ors	Garbage con	tainers	First-aid Kit	s	Fire Extingu			
1.	1		1		1		(No. & type)	Van een ee		
8. COMMENTS	•		1		1		Kida	die.		
9. EMPLOYER'S	CERTIFICA	ATION:								
I CERTIF	Y THAT I	nave revie	wed the hous	ing regu	lations of the	U.S. Dep	partment of L	abor, U.	S. Training and Employmer	nt Service, and that
the housing des	cribed nere	ein 🖂 m	ieets doe	es not me	eet such star	ndards I t	ereby author	rize repr	esentatives of the State Emany reasonable time.	ployment Service
Employer's Signat	ure	and Traini	ng Administra	tion regi		Name a		using at	any reasonable time.	Data
21	M				Турсс	/	11. 11			Date /
10 HOUSING INS	SPECTED	RV.			00	51M	Highto	wa	Foreman	2/29/16
Signature of Autho					Types	Name ar	nd Title			To .
()- lua.	1		1					Sto	ite Monitor	Date
11. APPROVAL:	Housing ar	oproved for	or occupancy	hy works	Te required	internation	Minish		Advocate	2/29/16
Signature of Author			- occupancy	by worke		Name ar				Date
Oals	~	1 -	i la						te Monitur	
- W		100	MA		100	Dra	Minist		Advocate	2/29/16

									Bua	iget Bureau No. 44-R1358
U.S. Department of	of Labor, E	mploymer	nt and Trair	ning Admir	nistration	ı			AME AND ADDRESS	
U.S. TRAINING								g Lands		
EMPLOYE	R FURNI	SHED F	OUSING	AND F	ACILIT	IES		8 Brown	i Road O 65464	
		e Instructio	ns on Revers	re)						
2. HOUSING LOCA							3. HOUSI	NG DESCI	RIPTION	
Living Lands								el Traile		
16788 Brown Elk Creek, M		1					VIN#	03	152	
	7 0040								102	
4. SLEEP ROOMS (No. & Measure)	1	a. Dorm	itory Type	4	1	b. Far	nily Type	4	ES USE	ONLY
Length									5. CAPACITY (Adults) 1	
Width					, , ,				6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes No
Ceiling Height									Water	
Square Feet									Electricity	
No. of Rooms									Site	
No. of Beds, Single									Screening	
No. of Beds or Bunks, Double									Heating	
7. FACILITIES (Nur	mber of eac	:h)				-11-11-12-2-2-2-2-11-2-22-2-2-2-2-2-2-2				
Flush Toilets P	rivy	Ur	inals	La	v. or Wa	shbasins	Showerh	eads		
	\bigcirc		\bigcirc		1					
Bathtubs M	ovable Bat	htubs La	undry mach	nines Fix	ked laund	dry tubs	Movable	laundry		
6	\cap		(_	≥>> 10.20	tubs	iddirdi y		
U	U				(2				
Cook Stoves R	efrigerators	Ga	rbage cont	ainers Fir	st-aid Kit	ts	Fire Extir	nguishers		İ
1	1.		1		1		1	7. 87		
8. COMMENTS			(0	illim	OVP	can	Viner	+00	arious local as necession by hand	tions
Solar S owtdoor	howe	2	2	1 for	10mit	PI-	al al	200	NITOUS TOOL	10/15
aut door	Vec.	1 con	h)	La /	L	11	26111	EVEA	as necessi	254
our veer	100	5' 1 001		launa	ary	WII	1 100	Tur	Dy hand	or will
				Batt	eni	20v	100)13	er	to campe	r
	1 10	\bigcirc	1	h	ender	,00	porc		0	*
rea	State	5 40	rshe	ep	Sho	ove	Drow	ided	it out on ra	me 50/0 at 11
EMPLOYER'S CE			d the housi	na regulati	ons of th	ells De	nartment (of Labor II	.S. Training and Employme	ont Comice and that
the housing descri	bed herein		ts 🔲 doe	s not meet	such sta	andards. I	hereby au	thorize rep	resentatives of the State En any reasonable time.	mployment Service
mployer's Signature			, , , , , , , , , , , , , , , , , , , ,			ed Name a		riousing at	arry reasonable time.	Date /
Pom /	Hork	6	14	_	1	oren		Steele	,	8/9/18
0. HOUSING INSP	FCTED BY		navages			-0.				19/
Signature of Authoriz					Type	ed Name a	and Title			Date /
1/	, omoral	1/			7505			ate Mor	nitor Advocate	Date
APPROVAL	ousing and	1/1/2	227					ato Moi		18/7/10
APPROVAL: Ho Signature of Authoriz			occupancy t	by workers	1_					V /
J. J. Addioliz	. Official/	/11				ed Name a nita Div		ate Mar	nitar Advacata	Date
Mull		118	21		A	ווומ טוא	(3011, 3t	ale Wor	itor Advocate	0/4/18

U.S. Departmen	nt of Labor, En	mploy	ment and Tra	ining Ad	lministration							
U.S. TRAINING									Farms, Inc.			
EMPLOY	ER FURNI				FACILITI	ES			Road 262 0 63401			
2. HOUSING LO		? Instru	ctions on Reve	rse)			3. HOUSIN		No. Separation approximation			
									RIPTION			
5934 Cour Palmyra, N							rarm	House				
4. SLEEP ROOM			ormitory Type	T			nily Type		ES USE ONL	Υ		
(No. & Measure	1 11	2	3	4	1	2	3	4	5. CAPACITY 4			
Width	14'	13	7/			0			(Adults) 4 6. REGULATIONS COMPLIAN	CE		
	2	1		-		_			("x" proper box)	Yes	No	
Ceiling Height									Water			
Square Feet	168	14	8						Electricity		Ш	
No. of Rooms		/							Site	\boxtimes		
No. of Beds, Single									Screening	\boxtimes		
No. of Beds or Bunks, Double									Heating	\boxtimes		
7. FACILITIES (#	Number of eac	h)										
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads				
/					/		/					
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laund	ry tubs	Movable I	laundry				
/			/				tubs					
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid Kits	ş.	Fire Extin					
/	/		1		/		(No. & typ	oe)				
8. COMMENTS					,		/					
o. Gommertio												
	1											
9. EMPLOYER'S			ewed the hou	isina real	lations of the	ells De	enartment o	of Labor II	.S. Training and Employment Se	nice and	that	
the housing des	scribed herein	⊠r	neets 🔲 de	oes not m	neet such star	ndards. I	hereby aut	horize rep	resentatives of the State Employ	ment Ser	vice	
Employer's Signat		d I rain	ning Administ	ration reg		d Name a		housing at	t any reasonable time.	-	1	
Mark -	1/-			_	1,500	a riame t	and mic			& AT	//-	
10. HOUSING IN	SPECTED BY	': An	ita Dixson			-				111/		
Signature of Author	orized Official	1			Турес	d Name a	and Title		Dat	9/2	1	
May	te /	14	ber		Ar	nita Dix	kson, Sta	ate Mor	nitor Advocate	\$19	11	
11 APPROVAL:			for occupanc	y by work	ers recruited	interstate	e.			///	,	
Signature of Author						d Name a			Dat	1/2/	100	
(Mnn)	ti /	1/1	sm		Anita Dixson, State Monitor Advocate							

U.S. Departmen						lministration	1			AME AND ADDRESS				
U.S. TRAINING										Farms, Inc. Road 262				
EMPLOY	ER					FACILIT	IES			63401				
2. HOUSING LO	CATI		instruc	ctions on Re	everse)			3. HOUSIN	IG DESCE	RIPTION		_		
199000 200000000000000000000000000000000									House	VIL HOM				
5934 Coun Palmyra, M								гапп	nouse					
4. SLEEP ROOM			a. Do	rmitory Ty	ре		b. Far	nily Type	AND STREET	ES USE	ONLY	_		
(No. & Measure)	1	2	3	4	1	2	3	4	5. CAPACITY	ONLI			
Length	_	14'	14	/						(Adults)	<u>المارة - </u>			
Width		12'	12	,						6. REGULATIONS COMP ("x" proper box)	LIANCE Yes N	lo		
Ceiling Height										Water				
Square Feet	\	168	160	8						Electricity				
No. of Rooms		1	ì							Site				
No. of Beds, Single		i	l							Screening				
No. of Beds or Bunks, Double										Heating	X C	Ī		
7. FACILITIES (A	_	er of eac	h)									_		
Flush Toilets	Priv			Urinals		Lav. or Wa	shbasins	Showerhe	eads					
1				_		1		(
Bathtubs	Mov	able Bath	ntubs	Laundry i	nachines	Fixed laune	dry tubs	Movable	laundry					
. \		_		0		_		tubs	_					
Cook Stoves	Refr	igerators		Garbage	containers	First-aid Ki	ts	Fire Extin	quishers					
1		(\		((No. & typ						
a comments											0.00			
8. COMMENTS														
9. EMPLOYER'S						NI 1-20- 001200	25/72/4/5/4/2 1/200	901 900						
										I.S. Training and Employme resentatives of the State Er				
										t any reasonable time.				
Employer's Signat	ture	,				"	ed Name		,	. 2 1	Date			
Cinx	10	hu	Se	1	<u> </u>	/	4mg	Lehen	nbaue	r, Busines Many	AC 530-16	0		
10. HOUSING IN			: Joy	ce Hahn							In-t-			
Signature of Authorized Official							ed Name	and Title Ahn, Pro	ogram C	Coordinator	Date 5-30-/	6		
11. APPROVAL:	Hou	sing appl	roved f	for occupa	ncy by wor	kers recruite			-		0007	_		
Signature of Author			,		,,		ed Name				Date			
Poloso	Vo	(100	ich		٩	oyçe H	ahn, Pro	ogram C	Coordinator	5-30-16	5		
- Jewe		4	MI				Joyce Hahn, Program Coordinator 5-30-16							

U.S. Departmen U.S. TRAINING	G AND EM	PLOYM		CE		n	MacF 2821	arlane S. US I	AME AND ADDRESS Pheasants, Inc. Hwy 51	oct Bureau No. 44		
			ctions on Rever		17(0)211		Janes	ville, W	/I 53546			
2. HOUSING LO	CATION						3. HOUSIN	IG DESC	RIPTION			
22708 MO Rocky Con		6486	1				Farm	House				
4. SLEEP ROOM	-		ormitory Type	_	1		nily Type		ES USE	ONLY		
(No. & Measure	13'8	10'1		4	1	2	3	4	5. CAPACITY 2			
Width	11'8	10	13'5						(Adults) 6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes	No	
Ceiling Height	8	8	8						(x proper box) Water	Tes		
Square Feet	162.84	10	1 136.35						Electricity	\boxtimes		
No. of Rooms	1	1	1						Site	\boxtimes		
No. of Beds, Single	1	1	0						Screening	\boxtimes		
No. of Beds or Bunks, Double									Heating	\boxtimes		
7. FACILITIES (A		ach)										
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerhe	eads				
2							2					
Bathtubs	Movable B	athtubs	Laundry mad	hines	Fixed laun	dry tubs	Movable I	laundry				
1			1				tubs					
Cook Stoves	Refrigerato	rs	Garbage cor	tainers	First-aid K	its	Fire Extin					
1	1		1		1		abc) ()				
8. COMMENTS												
EMPLOYER'S I CERTIF	Y THAT I	ave revi	ewed the hou	sing regu	lations of th	ne U.S. De	partment o	f Labor, U	.S. Training and Employme	nt Service, and	that	
the housing des	scribed here	in 🔲 r	neets do	es not m	eet such st	andards. I	hereby aut	horize rep	resentatives of the State En any reasonable time.	nployment Serv	ice	
Employer's Signat		ind Trail	ing Administra	ation reg		ed Name a		Troubing at	C A A	Date		
VAMM N	1 m	1	~		2.	arah	1001	OP	6M	2/7/18		
10. HOUSING IN	SPECTED	BY: Jo	yce Hahn									
Signature of Author	,	al			, ,	ed Name a			1 8000 0000	Date		
Joyce A	lahn				J	loyce Ha	ahn, Pro	gram C	Coordinator	2/7/18		
		-	for occupancy	by work	ers recruite	d interstate	.					
		al				ed Name a		_		Date		
Signature of Authorized Official Joyce Hahn						Joyce Hahn, Program Coordinator 2/7/18						

										Budget Bur	au No. 4	4-R13		
U.S. Departme U.S. TRAININ	NG AND E	EMPLO RNISI	YMI HED	ent and Trai ENT SERVI HOUSING	CE G ANI			Many 3640	∕ille Far 2 E Sta	MAME AND ADDRESS TIMES THE HWY 146 MO 64642				
2. HOUSING LO	OCATION	(500 111		TOTAL ON THE VET	30)			3. HOUSII	NG DESC	DIDTION				
36402 E S Gilman Ci	State Hv	vy 14 64642	6							icrete House				
4. SLEEP ROOM	//S	a.	Don	mitory Type		T	b. Fa	mily Type		T ==				
(No. & Measur	re) 1		2	3	4	1	2	3	4	ES USE ONLY				
Length	18	61	13							5. CAPACITY (Adults)				
Width	10	1	7'0	7						6. REGULATIONS COMPLIANO ("x" proper box)	E Yes	No		
Ceiling Height	8		8							Water	\boxtimes			
Square Feet	12	62	237							Electricity	\boxtimes	T		
No. of Rooms										Site	$\overline{\boxtimes}$	Ī		
No. of Beds, Single	9									Screening		F		
No. of Beds or Bunks, Double	1 1 1		2							Heating				
7. FACILITIES (A		_												
Flush Toilets	Privy		U	rinals		Lav. or Wa	shbasins	Showerhe	eads					
5 11 1						1								
Bathtubs	Movable E	Bathtub	os La	aundry mach	ines	Fixed laund	ry tubs	Movable la tubs	aundry	2				
Cook Stoves	Refrigerat	ors	G	arbage conta	ainers	First-aid Kit	s	Fire Exting						
\	1			1				(No. & typ	le)					
8. COMMENTS														
Fire	deto	ctoo	V 5											
	cere	0.0.	_											
. EMPLOYER'S (CERTIFICA	ATION:												
I CERTIF	Y THAT I h	nave re	viewe mee	ts does	not me	et such star	dards. I h	ereby auth	orize repr	S. Training and Employment Servi esentatives of the State Employme	ce, and t ent Servi	that ice		
mployer's Signatu		anu ma	iming	Administratio	on regio		Name ar		ousing at	any reasonable time.				
Hayya	H	Ma	1			1/0	ura	Perri	1 - 1-	Jelmin Asistant 1	7.16			
O. HOUSING INS	PECTED E	BY:	/					/		10 CHO 1 = 1 SOC SIGN	110			
Signature of Authorized Official - Ty							Typed Name and Title Date							
De bin Minish							Debra Minish, State Monitor Advocate							
1. APPROVAL: 1			for o	ccupancy by	worke	rs recruited i	nterstate.							
gnature of Authori	ized Officia	al .		1			Name an			Date				
Delva Menish						De	Debra Minish, State Monitor Advocate							

U.S. Department U.S. TRAINING					ministration	1			ame and address and Cattle		
EMPLOY	ER FURNIS	SHED	HOUSIN	IG AND	FACILIT	IES	3150 mg month of	Box 224			
	(See	Instruc	tions on Rev	erse)			Moun	tain Gro	ove, MO 65711		
2. HOUSING LO	CATION			100			3. HOUSIN	NG DESC	RIPTION		
Rt 2 Box 22 Mountain G		657	11			i	Mot	oile Hor	ne		
4. SLEEP ROOMS		a. Do	rmitory Typ	е		b. Far	nily Type		ES USE ()NI V	
(No. & Measure		2	3	4	1	2	3	4	5. CAPACITY		
Length	1110	13'	-						(Adults) 6. REGULATIONS COMPL	IANIOE	
Width	719	13.	D						("x" proper box)	Yes	No
Ceiling Height	8	8	8						Water	\boxtimes	
Square Feet	56.09	178.	0						Electricity	\boxtimes	
No. of Rooms		1							Site	\boxtimes	
No. of Beds, Single	ingle o. of Beds or								Screening	\boxtimes	
No. of Beds or Bunks, Double	o. of Beds or inks, Double								Heating	\boxtimes	
7. FACILITIES (A	nks, Double [[[[[[]]]]]] [[[]]]]										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
1							1				
Bathtubs	Movable Batl	htubs	Laundry ma	achines	Fixed laune	dry tubs	Movable	laundry			
1	Words Bat	, itabo	Lauriary III	20111100	i ixoa iaani	ary tabo	tubs	iadilal y			
Cook Stoves	Refrigerators		Garbage co	ontainers	First-aid Ki	ts	Fire Extin				
	1		(1			ert			
8. COMMENTS			****			all w					
Wash	er D	rye	er or	n-Si	te						
	05555645	1011									
EMPLOYER'S I CERTIF			ewed the ho	using reg	ulations of th	ne U.S. D	epartment o	of Labor, U	J.S. Training and Employmer	nt Service, an	d that
the housing des	scribed herein	⊠ n	neets 🗌 d	loes not n	neet such sta	andards.	hereby aut	thorize rep	presentatives of the State Em		
Employer's Signat		u Train	ing Adminis	tration reg		ed Name		nousing a	t any reasonable time.	Date	
Mound	6	Y	1 41-		1	2600	1 0	dem	64.0- 44/10-	Elioli	G
10. HOUSING IN	SPECTED BY	<u> </u>	mor		X	Srell	da t		mer owner	0//8//	8
Signature of Author					Type	ed Name	and Title			Date	
Jouce A	. / .							C Prog	ram Coordinator	5/18/18	
11 ARPROVAL:	Housing app	roved f	or occupan	cy by worl							
Signature of Author				, -,		ed Name				Date	
Joyce 9	Hahn				J	oyce H	lahn, FL	C Prog	ram Coordinator	5/18/	18

Rt 2, Box 224D Mountain Grove, MO 65711 Steep Functions on Reverse Steep Instructions on Reverse Steep Instruction	U.S. Departmen U.S. TRAINING						ministration				AME AND ADDRESS	uger buleau N	0. 11	111000
2. HOUSING LOCATION R1 2 Box 223B Mountain Grove, MO 65711 3. HOUSING DESCRIPTION 3 bedroom house 4. SIEEP ROMS 4. SIEEP ROMS 5. CAPACITY 6. REGULATIONS COMPLIANCE (Y. Emper box) 7. FACHATIES (Number of each) 1. 1	EMPLOY	ER FUR	NISHE	D H	OUSING	S AND	FACILIT	IES	Rt 2, I	3ox 224	4D			
Rt 2 Box 223B Mountain Grove, MO 65711 4. SLEEP ROOMS		6	See Instru	ıction	s on Rever.	se)		3 3553	Moun	tain Gro	ove, MO 65711			
Mountain Grove, MO 65711 4. SLEEP ROOMS	2. HOUSING LO	CATION							3. HOUSIN	IG DESCF	RIPTION			
Length			10 657	11					3 bed	room ho	ouse			
Length						_								
Length		-				4	1			Ι Δ	ES USE	ONLY		
Ceiling Height 8 8 8 8 Water Saure Feet 134.52 103 02 122.85 Square Feet 134.52 103 02 122.85 Squar			1							•	(Adults)	12		
Square Feet 134.52 103 02 122.85 Electricity Site No. of Rooms 1 1 1 1 1 Site Screening Heating No. of Beds, Single No. of Beds or Burks, Double Heating Heating	Width	11'8	10	1	11'7								es_	No
No. of Rooms 1 1 1 1 1	Ceiling Height	8	8		8						Water		\boxtimes	
No. of Beds, Single No. of Beds or Bunks, Double No. of Beds or Bunks, Double Privy Urinals Lav. or Washbasins Nouble laundry tubs Urinals Lav. or Washbasins Nouble laundry tubs Urinals Urinals Lav. or Washbasins Nouble laundry tubs Novable laundry tubs Novable laundry tubs Refrigerators Sarbage containers I I I Sarbage containers I I I I I I I I I I I I I I I I I I I	Square Feet	134.5	2 103	02	122.85						Electricity		X	
Single		1	1		1						Site	[
Bunks, Double 1dpl 1dpl 1dpl 1dpl 1dpl 1dpl 1dpl 1dpl	Single	Of 1441 1441							Screening		X			
Flush Toilets Privy Urinals Lav. or Washbasins Showerheads 1 Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry	Bunks, Double										Heating		X	
1 Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs 1 Cook Stoves Refrigerators Garbage containers 1 Sirst-aid Kits 1 Fire Extinguishers (No. & type) 1 8. COMMENTS Dryer on-site. 9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date 3 21 1 8 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8 Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8 Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8 Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8 Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8 Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8 Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8 Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8 Typed Name and Title Joyce Hahn, FLC Program Coordinator 3 27 1 8			ach)	1			T.		Towns					
Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs		Privy		Urir	nals		Lav. or Wa	shbasins		eads				
1 1	1								1					
1 Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Extinguishers (No. & type) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bathtubs	Movable B	athtubs	Lau	indry mac	hines	Fixed laund	Iry tubs		aundry				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			1	1				tubs					
8. COMMENTS Dryer on-site. 9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Date 3-27-18	Cook Stoves	Refrigerato	ors	Gar	rbage con	tainers	First-aid Kit	s						
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Oute Hahn Typed Name and Title Oute Hahn Typed Name and Title Joyce Hahn, FLC Program Coordinator 3-37-/8 11 ARPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	1	1		1	1		1			pe)				
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date 3-21-78 Typed Name and Title Joyce Hahn, FLC Program Coordinator Typed Name and Title Joyce Hahn, FLC Program Coordinator Typed Name and Title Joyce Hahn, FLC Program Coordinator Typed Name and Title Joyce Hahn, FLC Program Coordinator Typed Name and Title Joyce Hahn, FLC Program Coordinator Typed Name and Title Joyce Hahn, FLC Program Coordinator	8. COMMENTS													
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Ougs Hahn Typed Name and Title Joyce Hahn, FLC Program Coordinator Typed Name and Title Joyce Hahn, FLC Program Coordinator Typed Name and Title Date	Dryer on-si	te.												
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office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date 3-27-78 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, FLC Program Coordinator 11 ARPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date Date	I CERTIF	Y THAT I	nave rev	iewed	the hous	ing regu	lations of the	e U.S. De	partment o	f Labor, U	S. Training and Employm	ent Service,	and	that
Employer's Signature Typed Name and Title Brondar Plummer 3-27-18 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, FLC Program Coordinator 11 ARPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date Date	the housing des office and/or En	scribed here	ein 🔼 and Trair	meet: nina A	s ∟ do∈ Administra	es not m ition rea	eet such sta ional office to	ndards. I	hereby aut the above I	horize rep nousing at	resentatives of the State I	Employment	Servi	ice
10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, FLC Program Coordinator 11 ARPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date			(2)	-						, ,	any reasonable and.	Date		-
10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, FLC Program Coordinator 11 ARPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	(Brond	1	PU	m	mes	/	I	Bren	da	P/11	MMOr	3-27	1	8
Joyce Hahn, FLC Program Coordinator 3-2-18 1VARPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	10. HOUSING IN	SPECTED	BY:					10.11	200	1 100				$\tilde{}$
11/ARPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	Signature of Author	rized Officia	al				Туре	d Name a	nd Title			Date		
11/ARPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	Joyce of	ahn					Jo	oyce H	ahn, FL0	C Progr	am Coordinator	3-2	7-1	8
	11 ARPROVAL:	Housing a	pproved	for o	ccupancy	by work	ers recruited	interstate	9.				-	-
Joyce Wahn Joyce Hahn, FLC Program Coordinator 3-27-18														
// //	Joyce 9	Nahn					Jo	yce Ha	ahn, FL(C Progra	am Coordinator	3-2	7-1	18

U.S. Departmen U.S. TRAININ	G AND EMI YER FURN	PLOYM IISHE	MENT SERVI	ICE I G AND			M & E Rt 2, I	Box 224	AME AND ADDRESS and Cattle 4D ove, MO 65711	Budget Bureau	NO. 44-	-1336
2 LIOUSING LO		e Instru	uctions on Reve	rse)								
2. HOUSING LO							3. HOUSIN					
Rt 2 Box 2 Mountain (O 657	'11				3 bed	room h	ouse			
4. SLEEP ROOM (No. & Measure		a. D	ormitory Type	4	1	b. Fan	nily Type		ES U	JSE ONLY		
Length	11'4	10'	2 10'5	, -			3	4	5. CAPACITY (Adults)	3	-	
Width	11'8	10'	1 11'7						6. REGULATIONS C ("x" proper box)		Yes	No
Ceiling Height	8	8	8						Water		\boxtimes	
Square Feet	134.5	/03	3.02 122.85	5					Electricity		\boxtimes	
No. of Rooms		1	/						Site		\boxtimes	
Single									Screening			
Bunks, Double	No. of Beds or Bunks, Double / DBL / DBL FACILITIES (Number of each)								Heating		\boxtimes	
	1	ch)	_									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads				
/							/					
Bathtubs	Movable Ba	thtubs	Laundry mad	chines	Fixed laund	dry tubs	Movable I	laundry				
/			1				tubs	-				
Cook Stoves	Refrigerator	s	Garbage cor	ntainers	First-aid Kit	ts	Fire Exting	quishers				
1	1		1		1		(No. & typ					
8. COMMENTS												
9. EMPLOYER'S		FION:										
I CERTIF the housing des office and/or En	FY THAT I has scribed herein nployment ar	ve revie	meets 🔲 do	es not me	eet such stational office to	indards. I i o inspect t	hereby auti the above h	horize rep	.S. Training and Emploresentatives of the State any reasonable time.	oyment Service ite Employment	, and t	that ice
Employer's Signat	ure (Tu	mmor)	Туре	Name a	nd Title	Plus	mmer Mill	Date 9-21	-15	7
10. HOUSING IN	SPECTED B	r: Ani	ita Dixson						the property		,	
Signature of Author	rized Official	7			Туре	d Name a	nd Title	JOLAC	o Hahn	Date		
House	e Ho	=L			A	nita Dix	son, Sta	ate Mor	nitor Advocate	9-2	1-1	7
11. APPROVAL:	Housing app	roved f	or occupancy	by work	ers recruited	interstate).		A second			
Signature of Author	rized Official	1,			0.500	d Name a		500	ce trahn	Date		
(Joy	a X	el			At	nita Dix	son, Sta	ate Mon	itor Advocate	9.2	1-1	7

Form Approved

									Budge	et Bureau No. 44	4-R135
U.S. Departme U.S. TRAININ	ent of Labor, I NG AND EMI	Employ PLOYN	ment and Tr	aining A ICE	dministration	ì	I		IAME AND ADDRESS		
1	YER FURN	IISHE		IG ANI	D FACILIT	IE\$	2148	North 7	poration Forrington Rd. FL 33825		
2. HOUSING L		e msiri	ictions on Kev	erse)							
\$348 Stat		lnit #	16				3. HOUSII				
Senath, M	4O 63876) I II L #	10				Wood	d Frame	e House		
4. SLEEP ROOF			ormitory Typ	е		b. Fai	mily Type		T		
(No. & Measur		2		4	1	2	3	4	ES USE (ONLY	
Length	21'2	17	'8 10'10						5. CAPACITY 11 (Adults)		
Width	12'4	12	6'10						6. REGULATIONS COMPL ("x" proper box)	LIANCE Yes	No
Ceiling Heigh	t 8	8	8						Water		No
Square Feet	262.8	213	.6 61						Electricity		-
No. of Rooms	1	1	1						Site		
No. of Beds, Single	4	4	1						Screening		干
No. of Beds of Bunks, Double									Heating		님
7. FACILITIES (Number of eac	ch)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads			
1							1		ľ		
Bathtubs	Movable Bat	thtubs	Laundry ma	chines	Fixed laund	rv tube	Movable I	aundn.			
1					, was lasting	iy taba	tubs	auriury			
Cook Stoves	Refrigerators	3	Garbage co.	ntainers	First-aid Kits		Fine Frate				
1	1		1	italiicis			Fire Exting				
8. COMMENTS					1		1 abo	:			
Large trasl	h containa	r for u	والمام معالم معا								
		IOIV	меекіу ріс	кир							
3 smoke a	larms										
Will take w	orkers to l	ocal I	aundry m	at onc	e a wook						
		ocai i	adridiy iii	at Onc	e a week.						
9. EMPLOYER'S	CERTIFICAT	IONI:									
I CERTII	FY THAT I hav	e revie	wed the hou	sing requ	lations of the	U.S. Dei	nartment of	Labor II	S. Training and Employment		
the housing des	scribed herein	M 🔯 m	eets 🔲 do	es not m	eet such stan	dards. I I	nereby auth	norize repi	S. Training and Employment esentatives of the State Emp	Service, and i ployment Servi	that ice
mployer's Signal		/ II all II	ng administra	ation regi	orial office to	inspect t Name a	ne above n	ousing at	any reasonable time.		
12	- 1/1	/	/	/	1 ypeu	ivaille a	nd Hue			Date	
O HOUSING IN:	SPECTED BY	Jove	ce Hahn							522-18	?
Signature of Autho			oo i idiiii		Typed	Name a	nd Title				
Joyce H	ahn				010			gram C	oordinator	Date	
APROVAL:	Housing appr	oved fo	or occupancy	by worke					anatol	297-13	
Signature of Autho	rized Official					Name ar				Date	
Joyce 9	Yahn				11			gram C	t' (,
00										5-22-18	

	II S Domanton o	-4 - C1	T -1							4 EMPL	01/5010	Bı	idget Bureau No	o. 44	-R138
	U.S. Departme U.S. TRAININ	IG AN	ND EMP	LOYN	MENT	SERVI	CE			1		IAME AND ADDRESS poration			
	EMPLOY	YER				OUSING on Rever		FACILITI	ES	2148	North 7	FL 33825			
100	2. HOUSING LO	CATI		. 116561 6	actions	on Kever									
	4346 State Senath, M	е Ни	vy C U	Init #	# 11					3. HOUSI Brick	House	RIPTION			
	4. SLEEP ROOM	/IS		a. D	ormito	у Туре			b Far	nily Type					
	(No. & Measure	e)	1	2		3	4	1	2	3	4	ES USE	ONLY		
-	Length		14'3	14'	'1	13'2	9'9					5. CAPACITY (Adults)	16		
	Width		22'7	10)	14'10	13'11					6. REGULATIONS CON ("x" proper box)		es	No
	Ceiling Height		8	8		8	8					Water			No
	Square Feet		324.61	14	1	186.12	130					Electricity		<u></u>	
	No. of Rooms		1	1		1	1					Site		7	H
	No. of Beds, Single		6	3		4	1					Screening		<u> </u>	븜
	No. of Beds or Bunks, Double	No. of Beds or Bunks, Double 1			1					Heating		=	믬		
	7. FACILITIES (N	FACILITIES (Number of each)											Ш		
Ī	Flush Toilets	Privy	/		Urina	als		Lav. or Was	hbasins	Showerho	pade				
	2									2	cuus				
E	Bathtubs	Mova	able Bath	tubs	Laun	dry mach	nines	Fixed laundr	v tubs	Movable i	laundni				
	1								, tabo	tubs	lauliury				
C	Cook Stoves	Refri	gerators		Garba	age cont	ainers	First-aid Kits		Fire Extin	quiobo				
	2	2			2			1		(No. & typ	oe)				
8	B. COMMENTS									alabo					
	Large trash	con	tainer	for v	veek	ly pick	up								
	3 smoke ala					,									
	Will take wo	orkei	rs to lo	cal l	aunc	iry ma	t wee	kly.							
9.	EMPLOYER'S	CERT	TIFICATIO	DN:										_	
	the housing des	cribed	l herein	M m	eets	does	ng regui s not me	ations of the leet such stand	U.S. Dep dards. I h	ertment of ereby auth	f Labor, U. norize repr	S. Training and Employme esentatives of the State E	ent Service, a	nd ti	hat
Eı	mployer's Signato		ient and	I raini	ng Adi	ministrati	on region	orial office to i	iispeci (i	ie above n	ousing at	esentatives of the State E any reasonable time.	inployment of	CIVIC	
	Luck	-		/	16			Typed	Name a	nd Title			Date		
17	. HOUSING INS	PECT	ED BY	Anit	a Dixs	on							5-22	- l	8
	gnature of Author					-		Typed	Name ar	d Title					
Joyce Hahn											Progra	m Coordinator	Date		5
4	APPROVAL: I	Housi	ng appro	ved fo	r occu	ipancy b	y worke	rs recruited in	iterstate		- rogic	Ooordinator	5-22	17	0
Sig	gnature of Author	ized (Official						Name an	d Title			Date		-
(Joyce Hahn							Joy	се На	hn, FLC	Progra	m Coordinator	5-22-	10	
1	/ //	ger yrann											- do-	IX	- 1

U.S. Departmen	nt of Labor, E	mploy	ment and Tr	aining Ac	lministratio	n	1. EMPLO	YER'S N	AME AND ADDRESS		
U.S. TRAININ	G AND EMP	LOYM	MENT SERV	ICE					poration		
EMPLOY	ER FURN				FACILIT	IES			orrington Rd. L 33825		
2. HOUSING LC		e Instru	ctions on Rev	erse)							
							3. HOUSIN				
9348 State Senath, M							VVood	Frame	House		
00110411, 111	0 000.0										
4. SLEEP ROOM	IS	a. D	ormitory Typ	e	T	b. Far	nily Type		ES USE	ONLY	
(No. & Measure		2		4	1	2	3	4	5. CAPACITY	ONLI	
Length	21'2	17'	8 10'10						(Adults)	0 11	
Width	12'4	12	6'10						6. REGULATIONS COM ("x" proper box)	IPLIANCE Yes	No
Ceiling Height	8	8	8						Water	\boxtimes	
Square Feet	262.8	213	.6 61						Electricity		
No. of Rooms	1	1	1						Site	\boxtimes	
No. of Beds, Single	4	4	1						Screening	\boxtimes	
No. of Beds or Bunks, Double	1 1	1							Heating	\boxtimes	
7. FACILITIES (I	Number of eac	ch)									
Flush Toilets	Privy		Urinals	1.200	Lav. or Wa	ashbasins	Showerhe	eads			
1							1				
Bathtubs	Movable Bat	htubs	Laundry m	achines	Fixed laun	dry tubs	Movable	laundry			
1							tubs	386			
Cook Stoves	Refrigerators	S	Garbage co	ntainers	First-aid K	its	Fire Extin	guishers			
1	1		1		1		(No. & ty)				
8. COMMENTS	<u>. </u>						1				
Large trash	n containe	r for v	weekly pi	ckup				b	pdvoon w leeds new	bed	
				onup		Cer	Z	2	eals her		1
3 smoke al	arms					20.	chase	!	iteas new	Myder	لد
Will take w	orkers to I	ocal	laundry n	nat onc	e a weel	۲۰	CTDG	d	Screen		
			.a.aay		o a 1100.	•		Imple	erleles malas		
								send	Screen er/clec notor local to ins	· ·	
O FMDLOVEDIO	OFFICIAL	1011						00.00	10001 10 118	per	
	FY THAT I ha	ve revi							S. Training and Employm		
									resentatives of the State E t any reasonable time.	Employment Serv	rice
Employer's Signa				adion reg		ed Name		nousing a	tarry reasonable time.	Date	
7000	Ma	e c								4/26/	4
10 HOUSING IN	SPECTED BY	r: An	ita Dixson							(-	
Signature of Author	orized Official	/	2		Тур	ed Name a	and Title			Date	
Mi	ela	/	49	1	P	Anita Di	xson, St	ate Mor	nitor Advocate	4/26/17	
11. APPROVAL:		roved	for occupant	y by work	ters recruite	d interstat	е.				
Signature of Author	orized Official	11)			ed Name a				Date	
1/1	la.	1	100	1	A	Anita Dia	xson, St	ate Mor	nitor Advocate	4/26/17	1

U.S. Departmen U.S. TRAINING EMPLOY	G AND EMPI ER FURNI	LOYMI SHED	ENT SERVI	CE G AND			Marin . 2148 N	J. Corp North T	AME AND ADDRESS coration forrington Rd. L 33825	Bureau No. 44-R1358
2. HOUSING LO				/			3. HOUSING	C DESC	PIPTION	
9346 State Senath, Mo	Hwy C						Brick H		ALL HON	
4. SLEEP ROOM	-	T	mitory Type				nily Type	-	ES USE ON	JI V
(No. & Measure		2	3	4	1 1	2	3	4	E CARACITY	-
Length	14'3	14'1	13'2	9'9					(Adults)	
Width	22'7	10	14'10	13'11					6. REGULATIONS COMPLIA ("x" proper box)	Yes No
Ceiling Height	8	8	8	8					Water	$\boxtimes \square$
Square Feet	324.61	141	186.12	130					Electricity	$\boxtimes \Box$
No. of Rooms	1	1	1	1					Site	$\boxtimes \Box$
No. of Beds, Single	Single 6 3 4 1 No. of Beds or 4								Screening	
No. of Beds or Bunks, Double				1					Heating	
7. FACILITIES (A	lumber of eac	h)								
Flush Toilets	Privy	1	Urinals		Lav. or Was	hbasins	Showerhea	ads		
2							2			
Bathtubs	Movable Bati	ntubs I	Laundry mac	hines	Fixed laund	rv tubs	Movable la	undry		-
1						.,	tubs	unary		
Cook Stoves	Refrigerators	. (Garbage con	tainers	First-aid Kits	S	Fire Exting			
2	2		2		1		(No. & type	1000		
. COMMENTS										
Large trash	container	for w	eekly pic	kup						
3 smoke al	arms									
Will take we		ocal la	aundry ma	at wee	kly.		loo	der	/electric no	t on
							Ser	ud 1	/electric no ocal to insp	et
the housing des	Y THAT I have cribed herein	e reviev	eets 🗌 doe	es not m	eet such star	ndards. I	hereby auth	orize rep	.S. Training and Employment S resentatives of the State Employment	Service, and that oyment Service
mployer's Signat				-3		Name a	~~~~			Date
Jorge	Mou	26	1						4	1/26/17
	SPECTED BY	: Anita	a Dixson							a = 1000.25.00.0
ignature of Author	orized Official	Dia	6m			Name a nita Dix		te Mor	nitor Advocate	94/26/17
APPROVAL:	Housing appr	oved fo	r occupancy	by work	ers recruited	interstate).			1
ignature of Autho		n			Typed	Name a	nd Title	te Mar	1	Pate // /
yena	KI	Lip	2		All	וונם טוא	SUII, SIA	IC INIOI	nitor Advocate	7/26/1.

U.S. Departmen	nt of Labor, E	mployi	ment and Tra	ining Ad	ministration	1			AME AND ADDRESS	
U.S. TRAININ					FAOULT				ooration orrington Rd.	
ENIPLO	ER FURNI		ctions on Reve		FACILII	IES			L 33825	
2. HOUSING LC		7715174	- The re	736)			3. HOUSIN	NG DESC	RIPTION	***
4346 State Senath, M	e Hwy C							l Frame		
4. SLEEP ROOM (No. & Measure			ormitory Type	T	Τ,	T	nily Type		ES USE O	NLY
Length	143	14'	1 13'2	9.0	7 1	2	3	4	5. CAPACITY	
Width	2217	10		13'/					(Adults) 6. REGULATIONS COMPLIA ("x" proper box)	
Ceiling Height		8	8	8					Water	Yes No
Square Feet	324.61	-	1 186-12						Electricity	
No. of Rooms	1	J	1	1					Site	
No. of Beds, Single	Single 6 3 4 /								Screening	
No. of Beds or Bunks, Double		1					Heating	\boxtimes		
7. FACILITIES (I	Number of eac	h)								
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads		
2							2			
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	Iry tubs	Movable	laundry		
. /						•	tubs			
Cook Stoves	Refrigerators		Garbage cor	tainare	First-aid Kit		Eiro Extin	guichere		
2	2		Garbage Cor	Italiicis	LIISI-aIU KII	5	Fire Extin	oe)		
2			_				1 A	BC_		
8. COMMENTS		1	-11-	. 1	10.4	1				
Will to	alke to	100	al Lau	.ndr	y ma	t.				
2 3.	-		1	_	4-5		C	190	Kli pickur	2
1 1 1	arge	gar	roge	COY	uzin	ev	40 V	w u	Kly pickup	
	U	,								
9. EMPLOYER'S	CERTIFICATI	ON								
I CERTII	FY THAT I hav	e revie	ewed the hou	sing regu	lations of the	e U.S. De	partment o	f Labor, U	S. Training and Employment	Service, and that
the housing des	scribed herein	⊠ m	neets 🔲 do	es not m	eet such sta	ndards. I	hereby aut	horize rep	resentatives of the State Empl	oyment Service
Employer's Signat		Traini	ing Administr	ation regi		d Name a		nousing at	any reasonable time.	Date
Torne		m			1,750	1	THE THE	10	0	Alc
10. HOUSING IN:	SPECTED BY	: Jov	ce Hahn			10	rac	- MVC	arin Comos	
Signature of Author	rized Official	1			Туре	d Name a	nd Title			Date
(to	TIC F	Ja	1		Jo	усе На	ahn, Pro	gram C	coordinator	5-5-11
11. APPROVAL:	Housing appr	oved fo	or occupancy	by worke	ers recruited	interstate),			- 17
Signature of Author	//	, ,	,			d Name a		9.7-0		Date
(fgr	100	as			Jo	yce Ha	ahn, Pro	gram C	oordinator	5-5-16

2. HOUSING LO	G AND EMPL (See OCATION C	OYM		AND F		ES	Marin 2148 Avon 3. HOUSIN	J. Corp North T Park, F	AME AND ADDRESS poration forrington Rd. L 33825	get Bureau No. 44-F	1358
Senath, M	O 63876										
4. SLEEP ROOM (No. & Measure		a. Do	rmitory Type	4	1	b. Fan	nily Type	4	ES USE	ONLY	
Length	2/2	17'5	8 in'10						5. CAPACITY / 3		
Width	12:4	12							6. REGULATIONS COMP ("x" proper box)		No
Ceiling Height	1111	8	8						Water		\Box
Square Feet	26288	213	6/01						Electricity		$\overline{\Box}$
No. of Rooms	/	1	1						Site	\boxtimes	$\overline{\Box}$
No. of Beds, Single	4	4	171						Screening	\square	$\overline{\Box}$
No. of Beds or Bunks, Double	1 1	1							Heating	\boxtimes	\equiv
7. FACILITIES (A)									
Flush Toilets	Privy		Urinals	La	av. or Was	shbasins	Showerhe	eads			
1							1				
Bathtubs	Movable Bath	tubo	l aunda, mashis				,				
Datilitubs	MOVABLE BALTI	lubs	Laundry machin	es F	ixed laund	ry tubs	Movable I tubs	aundry			
1											
Cook Stoves	Refrigerators	1	Garbage contain	ners Fi	irst-aid Kit	S	Fire Extin				
/	/		/		1		1 0 0 0	4BC			
8. COMMENTS			0					W.V.			
			ne for erms			()	pick	ир			
			local	lai	undr	g ni	at.		0		
the housing des office and/or En	Y THAT I have scribed herein aployment and	review m	eets does i	ot mee	t such star	ndards. I l	hereby aut	horize rep	.S. Training and Employme resentatives of the State En	ent Service, and the mployment Service	nat æ
Employer's Signat	ure //	/	1		Турес	Name a	nd Title		0	Date	
Sorge	Me	4	E .) occ	yc K	lari	1 Comos		
10. HOUSING INS		Joyc	e Hahn				<i></i>				
Signature of Autho		11	. 1			Name a			a andimata -	Date	
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	See	A	an					gram C	Coordinator	5-5-1	6
11. APPROVAL:		ived fo	r occupancy by	workers							
Signature of Autho	nzed Official	L				Name a		ara 0	'aardinata-	Date j. j.	
(fer	1ce Pt				10	усе на	ının, Pro	gram C	coordinator	15-15/1	6

Form Approved

							. =	/===i0.11		et Bureau No.	14-R 130
U.S. Departmen U.S. TRAINING	G AND EMPI ER FURNI	LOYMEN SHED H	T SERVIC	GE AND			Meinke 501 Ba	e Custo	om Combining t. D 64673		
	A 1000 1000	Instructio	ns on Revers	ie)							
2. HOUSING LO						19	3. HOUSING		RIPTION		
RR 2 N. 65 Princeton,		3					Apartn	nent			
4. SLEEP ROOM (No. & Measure		a. Dorm	itory Type	4	1	b. Fam	nily Type	4	ES USE	ONLY	
Length	15'6	9'4	9'4						5. CAPACITY (Adults) 8		
Width	12	14	13'5						6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes	. No
Ceiling Height	8	8	8						Water	\boxtimes	
Square Feet	187.2						Electricity	\boxtimes			
No. of Rooms									Site	\boxtimes	
No. of Beds, Single		2	2	200 19 10 000 10					Screening	\boxtimes	
No. of Beds or Bunks, Double									Heating	\boxtimes	
7. FACILITIES (I	Number of eac	:h)									
Flush Toilets	Privy	U	rinals		Lav. or Wa	shbasins	Showerhe	ads			
2							2				
Bathtubs	Movable Bat	htubs La	aundry mac	hines	Fixed laund	dry tubs	Movable la	aundry			
2			1				tubs				
Cook Stoves	Refrigerators	G	arbage con	tainers	First-aid Ki	ts	Fire Exting				
1	1		1		1		1 abc		N		
0. EMPLOYED'S	CERTIFICAT	TION:					· Laborate and				
the housing de	IFY THAT I ha	ve review	ets 🔲 do	es not m	eet such sta	andards. I	hereby auth	horize rep	I.S. Training and Employme presentatives of the State En t any reasonable time.		
I CERTI the housing de	FY THAT I hat scribed herein mployment an	ve review	ets 🔲 do	es not m	eet such sta ional office	andards. I to inspect ed Name a	hereby auth the above h	norize rep nousing a	resentatives of the State Entrange tany reasonable time.		
I CERTI the housing de office and/or E	FY THAT I hat scribed herein mployment an	ve review	ets 🔲 do	es not m	eet such sta ional office	andards. I to inspect ed Name a	hereby auth the above h	norize rep nousing a	resentatives of the State E	mployment S	ervice
I CERTI the housing de office and/or E Employer's Signa	IFY THAT I hat escribed herein mployment an ature MSPECTED BY	ve review Medid Training	ets 🔲 do	es not m	eet such sta ional office Type	andards. I to inspect ed Name a	hereby autithe above hand Title	norize rep nousing a	resentatives of the State Entrange tany reasonable time.	Date 12/10/	ervice
I CERTI the housing de office and/or E Employer's Signa 10. HOUSING IN Signature of Auth	IFY THAT I hat escribed herein mployment an ature SPECTED BY sorized Official	ve review Medid Training	ets	es not m	Type	andards. I to inspect ed Name a	hereby autithe above hand Title	horize rep nousing a	resentatives of the State Entrany reasonable time.	Date 12/10/	18
I CERTI the housing de office and/or E Employer's Signa 10. HOUSING IN Signature of Auth	IFY THAT I ha escribed hereir mployment an ature USPECTED BY arrized Official	ve review n med d Training /: Joyce	ets	es not m ation regi	eet such stational office Type	andards. I to inspect ed Name a oy M ed Name a oyce Ha	hereby autithe above hand Title Leinke	horize rep nousing a	resentatives of the State Entrange tany reasonable time.	Date 12/10/	18
I CERTI the housing de office and/or E Employer's Signa 10. HOUSING IN Signature of Auth Joyce 11. APPROVAL:	IFY THAT I had a scribed herein mployment and sture NSPECTED BY sorized Official Hahn Housing app	ve review n med d Training /: Joyce	ets	es not m ation regi	eet such stational office Type	ed Name a oyce Had interstated	hereby autithe above hand Title and Title and Title and Title and Title ahn, Pro	horize rep nousing a	resentatives of the State Entrany reasonable time.	Date 12/10/	18
I CERTI the housing de office and/or E Employer's Signa 10. HOUSING IN Signature of Auth	IFY THAT I ha escribed herein imployment an esture ISPECTED BY sorized Official Housing approvized Official	ve review n med d Training /: Joyce	ets	es not m ation regi	eet such stational office to Type Type Type J ers recruite Type	ed Name a oyce Hid interstated Name a	hereby autithe above hand Title and Title and Title and Title ahn, Pro	Pay	resentatives of the State Entrany reasonable time.	Date 12/10/	18

U.S. Departmen	nt of Labor, E G AND EMP	mploy	ment and Trai	ning Ad	ministration	1			AME AND ADDRESS	get bureau No. 44-N 1356
	ER FURNI				FACILIT	IES	RR #1	1 Box 1	om Combining 4	
			ctions on Rever		MOILI		Prince	eton, M	O 64673	
2. HOUSING LC	CATION						3. HOUSIN	NG DESCR	RIPTION	
Mobile Uni	it located a	at Em	ployer's C	Corpora	ate site		-Mobil	ID#	Trailer Unit	111979000
							F139,#	1 0	Y VS 2530	# 19 m
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type	4	1	b. Fan	nily Type	4	ES USE	ONLY
Length	53	_		,				-	5. CAPACITY	
Width	81/2								(Adults) 6. REGULATIONS COMP	
Ceiling Height	0.0,								("x" proper box) Water	Yes No
Square Feet									Electricity	
No. of Rooms									Site	
No. of Beds,	Single								Screening	
No. of Beds or									Heating	
7. FACILITIES (A		h)							- Tourng	
Flush Toilets	Privy	,	Urinals		Lav. or Wa	shbasins	Showerhe	eads		
1	,						2	Judo		
D. II.4.							9			
Bathtubs	Movable Bati	htubs	Laundry mac	hines	Fixed laund	Iry tubs	Movable I	aundry		
							=			
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	s	Fire Exting			
/	1				/		(No. & typ	BC		
8. COMMENTS			211	-/	. 1					
Slider	outs	4 x	(1112	4	4)	(12				
3,,,,,,										
9. EMPLOYER'S			wed the house	ina roau	lations of the	alle Da	nadmant of	flahas II	S. Training and Employme	
the housing des	scribed herein	\times m	eets doe	s not m	eet such sta	ndards. I	hereby auth	horize repr	esentatives of the State Fr	mployment Service
office and/or En	nployment and	Traini	ng Administra	tion regi	onal office to	o inspect	the above h	nousing at	any reasonable time.	
Employer's Signat	ure	11	-1			d Name a		_		Date
Jer	y Vil	R	she		16	erry L.	Meinke,	Owner		12/10/18
10. HOUSING INS		:								
Signature of Author	,/ ,				1 "	d Name a				Date
Joyce 9								rkforce	Specialist	12/10/18
	Housing appr	oved fo	or occupancy	by worke	ers recruited	interstate	e			
Signature of Autho	,					d Name a				Date
Joyce of	Jahn				Jo	yce Ha	ahn, Woi	rkforce	Specialist	12/10/18

U.S. Departmen U.S. TRAINING EMPLOY	G AND EMPI ER FURNI	LOYME SHED	ENT SERVIC	E AND		TIES	Meinke RR #1 Prince	e Custo Box 12 ton, MO	0 64673	WSH	
2. HOUSING LO	CATION					3	. HOUSIN	G DESCR	RIPTION		
Mobile Uni		at Emp	oloyer's C	orpora	te site		Mobil		Trailer Unit RBA84280B066704 43		
4. SLEEP ROOM	IS	a. Do	rmitory Type			b. Fam			ES USE ON	NLY	
(No. & Measure		2	3	4	1	2	3	4	5. CAPACITY 6		
Length	43'								(Adults) 6. REGULATIONS COMPLIA	ANCE	
Width	8.5'								("x" proper box)	Yes	No
Ceiling Height									Water	\boxtimes	
Square Feet	365.5'								Electricity	\boxtimes	
No. of Rooms	of Rooms								Site	\boxtimes	
No. of Beds,	o. of Beds,								Screening		
No. of Beds or	gle of Beds or 3								Heating	\boxtimes	
Bunks, Double 7. FACILITIES (ch)									
Flush Toilets	Privy	City	Urinals		Lav. or V	Vashbasins	Showerh	eads			
1			A SACRASA PROCESSOR AND		1		1				
Bathtubs	Movable Ba	thtubs	Laundry ma	chines	Fixed la	undry tubs	Movable	laundry	1		
	Wiovable De	unabs	1	o,			tubs				
1					F:	1214-	Cina Cutio	nauishara	-		
Cook Stoves	Refrigerator	'S	Garbage co	ntainers	First-aid	Kits	(No. & ty	nguishers (pe)			
1	1		1		2		2 ab	c dry			
8. COMMENTS					- W 08						
2 Hot Plat	es & Micro	owave	for cooki	ng.							
1.0											
1 Dryer											
9. EMPLOYER'	S CERTIFICA	TION:									
LCEDI	TIEV THAT I H	OVA TAV	iewed the ho	using reg	ulations o	of the U.S. D	epartment	of Labor,	U.S. Training and Employmen	t Service, an	d that
the housing d	lescribed here Employment a	in <u>⊠</u> and Trai	meets 💹 d nina Administ	oes not r tration re	neet sucr gional offi	ice to inspec	t the above	e housing	epresentatives of the State Em at any reasonable time.	pio/mont oo	
	office and/or Employment and Training Administration regional Employer's Signature									Date	
Der	- J	N	Linke			Terry L.	Meinke	e, Owne	er	12/10/1	18
10. HOUSING	NSPECTED	BY:	- Aller								
Signature of Aut					1	Typed Name		31 (2) (2)		Date	
Jouce	Hahn					Joyce F	łahn, W	orkford	e Specialist	12/10/1	8
7-1	: Housing a	pproved	for occupan	cy by wo	kers recr	uited intersta	ite.			1_	
Signature of Au	thorized Offici	al				Typed Name			0	Date	
Joyce	Hahn					Joyce F	Hahn, W	orktore	e Specialist	12/10/1	8

15 17 03:04p

U.S. Department U.S. TRAINING EMPLOY	of Labor, En AND EMPL ER FURNIS	OYMI	NT SERVIC	Œ			Meinke RR #1	e Custo Box 14				and the state of t		
	/Sec	harm	tions on Rever	NC.			Prince	(OH, IVIC	D 64673					
2. HOUSING LO	CATION		14 14 17				3. HOUSIN							
Mobile Unit	l located a	t Emp	oloyer's C	orpora	ate site		Mobil I		Trailer Unit RBA84280B066704 43			and the second s		
4. SLEEP ROOM			mitory Type	1		b. Farr	ily Type	4	ES USE	ONLY				
(No. & Measure	I TO THE REAL PROPERTY OF THE PARTY OF THE P	2	3	4	1	2	3	64	5. CAPACITY 6					
Length	43'						1		(Adults) 6. REGULATIONS COMP	LIANCE				
VVidth	8.5					one and the second second second	<u> </u>	atodii yeesee da kaasaa waxaa	("x" proper box)	*** ************	Yes	No		
Ceiling Height			i						Water	tracina anathranesa de		Ш		
Square Feet	365.5'		2	manufact v. 1-10 goods V. conflicting and global					Electricity	Control Control Control Control	\boxtimes			
No. of Rooms									Site					
No. of Beds. Single		a versana en erocolorio	ACTION OF THE PROPERTY OF THE					and the second s	Screening					
No. of Beds or Bunks, Double	3							40, many 4, 6 min - 4, min min may 2, 4 min	Healing	no ny aranganja ajingan nangan	N			
7. FACILITIES (A	lumber of eac	h)										all Continues		
Flush Toilets	Privy	1	Urinals		Lav. or Was	shbasins	Showerhe	ads						
1					1		1					100		
Bathtubs	Movable Batt	ntubs	Laundry mac	hines	Fixed laund	ry tubs	Movable la	aundry	N 6 3 7 1			4		
1			1				lubs							
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	S	Fire Exting					A THE		
1	1	1	1		2		(No. & Typ 2 abo							
8. COMMENTS				-		T pi	1 = 1 = 1							
2 Hot Plate	s & Micro	wave	for cooking	ng.										
1 Dayor												ĺ		
1 Dryer														
												į		
the housing des	FY THAT I having scribed herein	ve revie M m	ieets do	es not n	reet such sta	ndards. i	hereby auti	norize rep	I.S. Training and Employme resentatives of the State E t any reasonable time.	ent Service mploymer	e, and nt Sen	that vice		
Employer's Signat		O = 1 Cm (2(10)11.09	TO SECRETARIOUS ASSESSMENT OF PROPERTY AND ADDRESS OF THE PERSON ASSESSMENT OF THE PERSON ASSESS	d Name a	Marian 10.11		V-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Date				
Ferry	Mer	le	2		T.	erry L.	Meinke,	Owner		12-	7-1	17:		
10. HOUSING IN	SPECTED BY	' :												
Signature of Aytho	orized Official	7.				d Name a				Date				
Cot on	and to		Allocations in the annual control of the ann		Jo	byce H	ahn, Wo	rkforce	Specialist	1350	7-	12		
11 APPROVAL	Housing app	-Lane	or occupancy	by work				to a suita ann taidh daoid tairinn an air		1-				
Cignature of Author	11					d Name a			Canadalat	Date	7	,		
- C-7 Mg.	a H	, Lance			Jo	русе Н	e Hahn, Workforce Specialist /2-7-/7							

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11. APPROVAL: Housing approved for occupancy by workers recruited interstate

ignature of Authorized Official

Form Approved Budget Bureau No. 44-R1358 EMPLOYER'S NAME AND ADDRESS U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE Meinke Custom Combining 501 Ballew St. EMPLOYER FURNISHED HOUSING AND FACILITIES Princeton, MO 64673 eSec Instructions on Reverse) 3 HOUSING DESCRIPTION 2. HOUSING LOCATION Forestor Camper Trailer/Model Cherokee Mobile Unit located at employers corporate site VIN# 4X4TCKE23WK080069 b. Family Type 4. SLEEP ROOMS Dormitory Type ES USE ONLY (No. & Measure) 5. CAPACITY 4 30 (Adults) Length 6. REGULATIONS COMPLIANCE Yes 8 ("x" proper box) No Width Water Ceiling Height Electricity Square Feet Site No. of Rooms No. of Beds. Screening Single No. of Beds or Heating Bunks, Double 7. FACILITIES (Number of each) Showerheads Lay, or Washbasins Urinals Flush Toilets Privy Movable Bathlubs | Laundry machines Fixed laundry tubs Movable laundry 3athtubs tubs Fire Extinguishers Garbage containers | First-aid Kits Refrigerators Cook Stoves (No. & type) 1 1 1 abc 8. COMMENTS 8 X 30 Camper Trailer 9 EMPLOYER'S CERTIFICATION I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Date Typed Name and Tille Employer's Signature 10. HOUSING INSPECTED BY: Joyce Hahri Date Typed Name and Title Signature of Authorized Official Joyce Hahn, Program Coordinator

Typed Name and Title

Joyce Hahn, Program Coordinator

Date

U.S. Departme	ent of Labor, NG AND EM	Employ PLOYN	ment and Tr.	aining A	dministrati	nistration 1. EMPLOYER'S NAME AND ADDRESS Meinke Custom Combining						
EMPLO	YER FUR	NISHE	D HOUSIN	IG AND	FACILI	TIES		Ballew S				
			uctions on Rev				Prince	eton, M	O 64673			
2. HOUSING L	OCATION		-				3. HOUSII	IG DESCI	RIPTION			
Mobile Ur	nit located	l at en	nployers o	orpora	te site				nper Trailer/Model C KE23WK080069	Cherokee		
4. SLEEP ROOF			ormitory Type		Τ.		nily Type		ES USE	ONLY		
Length	30	2	3	4	1-1-	2	3	4	5. CAPACITY 4			
Width	8			1					6. REGULATIONS COMP	PLIANCE Yes No		
Ceiling Heigh	ı								Water			
Square Feel									Electricity			
No. of Rooms									Sile			
No. of Beds, Single									Screening			
No. of Beds a Bunks, Double									Heating			
7. FACILITIES (ech)					T					
Flush Tollets	Privy		Urinals		Lav. or W	ashbasins	Showerhe 2	ads				
Bathtubs	Movable 8	albtuba	Lavada	-61	Fh. di	-d-, t-b-						
1	MOVADIE B	auntuus	Laundry ma	cnines	Fixed laur	nary tubs	Movable I tubs	aundry				
Cook Stoves	Relrigerato	rs	Garbage co	nlainers	First-aid K	lits	Fire Extin					
1	1		1		1		1 abo	1000				
8. COMMENTS		016			-							
8 X 30 Cai	mper Trai	ler										
9. EMPLOYER'S			ewed the hou	sino reou	ilations of t	he U.S. De	nariment o	(Labor U	S. Training and Employme	nt Service, and Ihal		
the housing de	scribed here	n 🛛 r	neets 🗌 do	es not m	eet such st	andards. I	hereby aut	horize repl	resentatives of the State Er any reasonable time.			
Employer's Signa		no man	ang Administr	atton log	Тур	ed Name a	ind Title			Date		
Jen	72.	Mer	he			TERRY	L.1.	neink	le OWNER	12-27-16		
10. HOUSING IN		1	roe Hahn			ed Name a				1		
Signature of Auth	gnature of authorized Official							gram C	oordinator	Date		
11. APPROVAL:	Housing an	proved i	or occupancy	by wark		Joyce Hahn, Program Coordinator 12-27-16 s recruited interstate.						
Signature of Allh	orized Officia	1/		-,		Typed Name and Title Date						
Lour	e A	h				Joyce Hahn, Program Coordinator 12-27-16						
1						Tarin, regian socialists						

FORM ES-338-R2 R-JULY 1969 AI

U.S. Departme					Iministratio	n			AME AND ADDRESS	.00
	YER FURN				FACILIT	IES		Re Cust Ballew S	om Combining St.	
			ctions on Reve		ZI AOILU	120	Princ	eton, M	O 64673	
2. HOUSING LO	CATION				- Mary 1		3. HOUSII	NG DESC	RIPTION	
RR 2 N. 6							Apart	ment		
Princeton,	MO 6467	3								
4. SLEEP ROOM	48	2 D	ormitory Type				nily Type			
(No. & Measur		2	3	4	1	2	3	4	ES USE	ONLY
Length	15'6	9'4	9'4						5. CAPACITY (Adults) 8	
Width	12	14	13'5						6. REGULATIONS COM ("x" proper box)	PLIANCE Yes No
Ceiling Height	8	8	8						Water	\boxtimes
Square Feet	187.2	131.	6 126.9						Electricity	
No. of Rooms									Site	× □
No. of Beds, Single		2	2		1				Screening	X D
No. of Beds or Bunks, Double									Heating	
7. FACILITIES (h)					1			
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads		
2			*				2			
Bathtubs	Movable Ball	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable	laundry		
2			1				tubs			
Cook Stoves	Refrigerators		Garbage cor	lainers	First-sid Ki	ts	Fire Extin			
1	1		1		1		(No. & typ			
8. COMMENTS										
9. EMPLOYER'S			wed the hour	lac requ	dations of the	011 S Do	nadment n	Habor II	S. Training and Employme	ent Service and that
the housing des	cribed herein	⊠ m	eets 🗌 do	es not m	eet such sta	indards. I	hereby aut	horize repi	resentatives of the State En	
effice and/or En		Traini	ng Administra	ation reg		o inspect		housing at	any reasonable time.	Date
Des	_	Ne	rho					nein	ke Dwnee	1227-16
Deny 2. Menke TERRY L. Meinke Dwner D. 10. HOUSING INSPECTED BY: Joyce Hahn										
Signature of Autho	rized Official	1				d Name a				Date
for	11 the	h_	_		Jo	oyce Ha	ahn, Pro	gram C	oordinator	12-27-16
11. APPROVAL:	Housing appr	aved fo	or occupancy	by work						Thata
Signature of Author	11/	1			1	d Name a		aram C	oordinator	Date 12:27-16
- Cfolfe	1 Hal					Jyou H	aitti, F i U	gram 0		100116

FORM ES-338-R2 R-JULY 1969 A

C. D. LACTARITICAL	of Labor F	nulos me	nt and Training	Administration	I EMPLOYER'S		orm Approved udge! Bureau No
U.S. TRAINING	AND EMP	COLAR	NT SERVICE		1	stom Combining	
EMPLOYE			HOUSING A	ND FACILITIES	501 Ballew Princeton, I	St.	
2. HOUSING LOC				*****	3. HOUSING DES		
RR 2 N. 65 Princeton, N	Hwy 10 6467:	3			Apartment	ONE HOW	
4. SLEEP ROOMS (No. & Measure)			itory Type	b. F	amily Type		
Length	1	2	· · · · · · · · · · · · · · · · · · ·	1 1 2	3 4	ES USE	ONLY
Width	15'6	9'4	9'4			5. CAPACITY ('Adulis) 8	
The same of the sa	12	14	13'5	The second secon		6. REGULATIONS COM (">" proper box)	IPLIANCE Yes
Ceiling Height	. 8	8	8			VVater	
Square Feet	187.2	131.6	126.9			Electricity	X
No. of Rooms						Site	図
No. of Beds, Single		2	2		1	Screening	
No. of Beds or Bunks. Double	2		A TO PROPERTY PARTY CONTRACTOR OF THE PROPERTY PROPERTY OF THE			Heating	
7. FACILITIES (Nun	nber of each	h)				1.000113	
	rivy		nals	Lav. or Washbasins	Showerheads	tel more para	
2					2.71.0 2.10	m Cartage	
Bathtubs Mo	ovable Bath	lubs Lac	endry machines	Fixed laundry tubs	Movable laundry		
2			1	- Mediadrory toos	tubs		
Cook Stoves Re	efrigerators	Co	bage containers		Escalanta Beata	10 1 10 at	
	1			First-aid Kits	Fire Extinguishers (No. & type) 1 abc	marijuman menjakasi dala	
8. COMMENTS					Tabe		
			the housing rea	ulations of the H.C. De		.S. Training and Employmer	
I CERTIFY T the housing describ office and/or Employ				gional office to inspect	hereby authorize rep the above housing at		iployment Serv
I CERTIFY T the housing describ office and/or Emplo- Employer's Signature	yment and				hereby authorize rep the above housing at		nt Service, and apployment Servi
I CERTIFY T the housing describ office and/or Employ Employer's Signature	yment and	Training A	dministration reg	gional office to inspect	hereby authorize rep the above housing at		iployment Serv
I CERTIFY T the housing describ office and/or Emplor Employer's Signature Jerry 0. HOUSING INSPER	yment and	Training A	dministration reg	jional office to inspect Typed Name a	nereby authorize rep the above housing at and Title		Date
I CERTIFY T the housing describ office and/or Emplor Employer's Signature Jerry 0. HOUSING INSPER	yment and	Training A	dministration reg	Typed Name a	nereby authorize rep the above housing at and Title	resentatives of the State En any reasonable lime.	iployment Serv
I CERTIFY The housing describe office and/or Employer's Signature Signature Of HOUSING INSPECTION OF Authorized Oct.	yment and Official	Joyce H:	does not red	Typed Name a Joyce Ha	nereby authorize rep the above housing at and Title and Title ahn, Program C	resentatives of the State En any reasonable lime.	Date
I CERTIFY T the housing describ office and/or Employ Employer's Signature O HOUSING INSPEC Signature of Authorized 1. APPROVAL Hou	yment and The CTED BY: d Official Care find Justing approximations of the CTED BY:	Joyce H:	does not red	Typed Name a Joyce Ha	nereby authorize rep the above housing at and Title and Title ahn, Program C	resentatives of the State En any reasonable lime.	Date Date Date
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office and/or Employ Employer's Signature	yment and The CTED BY: d Official Care find Justing approximations of the CTED BY:	Joyce H:	does not red	Typed Name a Joyce Ha ers recruited interstate Typed Name a	nereby authorize rep the above housing at and Title and Title ahn, Program C	resentatives of the State Emany reasonable time.	Date Date Date Date

Melinke Custom Combining Representatives on Reverse Refrigerators on Reverse Refrigerators on Reverse Refrigerators Reverse Revers	U.S. Departme	ent of Labor, E	mploy	ment and	Fraining A	dminis	tration	1						
Princeton, Mo 64673						DEAC	II ITIES							
2. HOUSING LOCATION Mobile Unit located at Employer's Corporate site 3. HOUSING DESCRIPTION Semi-Tractor Trailer Unit Mobil ID# TGRBA84280B066704 Tag # CFA 343 4. SLEEP ROOMS (No. 6 Measury) 1 2 3 4 1 2 3 4 5 5 CAPACITY 6 (Routs) (Routs) Width 43						DIAL	VILITIES							
Mobile Unit located at Employer's Corporate site Semi-Tractor Trailer Unit Mobil ID# 1CRBA84280B066704 Tag # CFA 343 Tag # CFA 343 Semi-Tractor Trailer Unit Mobil ID# 1CRBA84280B066704 Tag # CFA 343 Semi-Tractor Trailer Unit Mobil ID# 1CRBA84280B066704 Tag # CFA 343 Semi-Tractor Trailer Unit Mobil ID# 1CRBA84280B066704 Tag # CFA 343 Semi-Tractor Trailer Unit Mobil ID# 1CRBA84280B066704 Tag # CFA 343 Semi-Tractor Trailer Unit Mobil ID# 1CRBA84280B066704 Tag # CFA 343 Semi-Tractor Trailer Unit Mobil ID# 1 Mobil ID# 1 Semi-Tractor Trailer Unit Mobil ID# 1 Semi-Tractor Trailer Unit Mobil ID# 1 Mobil I	2. HOUSING LO							3. HOUSI	NG DESC	RIPTION		_		
Length	Mobile Un	it located a	at En	nployer'	Corpo	rate s	ite	Semi- Mobil	-Tracto	Trailer Unit)4			
Length 43'							b. F	amily Type		ES USE	- OAH V			
Midth 8.5			2	3	4		1 2	3	4	E CADACITY		_		
Celling Height Square Feet 365.5' No. of Rooms No. of Beds, Single No. of Beds or 3 No. of Seds or 3 No. o						_ _				(Adults)				
Square Feet 365.5°	Width	8.5										0		
No. of Rooms No. of Beds, Single No. of Beds or 3 Bunks, Double 7. FACILITIES (Number of each) Flush Tollets Privy Urinals Lav. or Washbasins Showerheads 1	Celling Height											Ī		
No. of Beds, Single Screening Screening No. of Beds or Bunks, Double S Heating No. of Beds or Bunks, Double S No. of Beds or Bunks, Double S No. of Movable Bathtubs Showerheads Sho	Square Feet									Electricity]		
Single Screening										Site]		
Sunks, Double 3	Single									Screening	ПГ	7		
7. FACILITIES (Number of each) Flush Tollets Privy Urinals Lav. or Washbasins Showerheads 1 Bethlubs Movable Bathlubs Laundry machines Fixed laundry tubs Movable laundry tubs Refrigerators 1 Cook Stoves 1 1 1 Cook Stoves 1 1 1 Cook Stoves 1 1 1 2 Bethlubs 1 1 Cook Stoves 1 1 1 Cook Stoves 1 1 1 2 Bethlubs 1 1 Cook Stoves 1 1 1 Cook Stoves 1 1 1 1 Cook Stoves 1 1 1 1 1 Cook Stoves 1 1 1 1 1 2 Bethlubs 1 1 Cook Stoves 1 1 1 1 Cook Stoves 1 1 1 Cook Stoves 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										Heating	N F	7		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. FACILITIES (Number of eacl	h)			<u> </u>			1			_		
Bathlubs Movable Bathlubs Laundry machines Fixed laundry tubs Movable laundry tubs 1 1 1 1 1 1 1 1 1	Flush Tollets	Privy		Urinals		Lav. o	r Washbasin	Showerhe	eads					
1 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1					1		1						
Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Extinguishers (No. & type)	Bathlubs	Movable Bath	lubs	Laundry n	achines	Fixed	laundry tubs	Movable I	aundry					
1 1 1 2 2 2 abc dry 8. COMMENTS 2 Hot Plates & Microwave for cooking. 1 Dryer 9. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title	1			1				tubs						
8. COMMENTS 2 Hot Plates & Microwave for cooking. 1 Dryer 9. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ⊠ meets □ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Terry L. Meinke, Owner 12-27-16 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hafnn, Workforce Specialist Date 11. APPROVAK Housing approyed for occupancy by workers recruited interstate.	Cook Stoves	Refrigerators	\neg	Garbage o	onlainers	First-a	id Kits	Fire Extin	guishers					
8. COMMENTS 2 Hot Plates & Microwave for cooking. 1 Dryer 9. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☐ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature ☐ Typed Name and Title ☐ Date ☐ Jo → J → J ← J 10. HOUSING INSPECTED BY: Signature of Authorized Official ☐ Typed Name and Title ☐ Date ☐ Joyce Hahn, Workforce Specialist ☐ J → J → J ← J 11. APPROVAL Housing approved for occupancy by workers recruited interstate.	1	1		1		2		(No. & typ	ж) <u>(</u>					
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ⊠ meets □ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature □ Typed Name and Title □ Date □ 1.0 HOUSING INSPECTED BY: Signature of Authorized Official □ Typed Name and Title □ Date □	8. COMMENTS							2 400	ury			_		
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Terry L. Meinke, Owner 12-27-16 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, Workforce Specialist 12-27-16 11. APPROVAK Housing approved for occupancy by workers recruited interstate.	2 Hot Plate	s & Microw	ave	for cool	ing.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Terry L. Meinke, Owner 12-27-16 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, Workforce Specialist 12-27-16 11. APPROVAK Housing approved for occupancy by workers recruited interstate.	1 Dryer													
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Employer's Signature Typed Name and Title Terry L. Meinke, Owner 10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, Workforce Specialist 12-27-16 11. APPROVAL: Housing approved for occupancy by workers recruitled interstate.	the housing des	cribed herein	⊠ m	eets	aes not m	eet suc	h standards.	hereby auti	norize repr	esentatives of the State E	mployment Service			
10. HOUSING INSPECTED BY: Signature of Authorized Official Typed Name and Title Joyce Hahn, Workforce Specialist 12-27-16 11. APPROVAL Housing approyed for occupancy by workers recruitled interstate.									iodaing at	uny reasonable line.	Date	-		
Signature of Authorized Official Typed Name and Title Joyce Hahn, Workforce Specialist 12-27-16 11. APPROVAL: Housing approyed for occupancy by workers recruitled interstate.	Deru	12.11	len	Le			Terry L.	Meinke,	Owner		12-27-16			
Joyce Hahn, Workforce Specialist 12-27-16 11. APPROVAL: Housing approyed for occupancy by workers recrulled interstate.	10. HOUSING INS	HOUSING INSPECTED BY:												
11. APPROVAL: Housing approyed for occupancy by workers recruited interstate.	Signature of Author	rized Official	,			1	Typed Name	and Tille			Date	1		
61	(loy	ce Ho	eh				Joyce H	ahn, Wo	rkforce	Specialist	12-27-16			
Signatupe of Kuthorized Offipial Typed Name and Title Date		/	yed fo	r occupani	y by work	ers recr	ulled interstat	e.						
	Signature of Kuthor	rized Official	1						1.6	D				
Joyce Hahn, Workforce Specialist 12-27-16	- foly	Joyce Hoh Joyce								e Hann, vvdrktorce Specialist [2-27-16]				

FORM ES-338-R2 R-JULY 1989 AI

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1100									Bı	udget Bureau No. 44-R
U.S. TRAIN	nent of Labor, ING AND EM DYER FURN	PLOY:	MENT SEF	RVICE			Mein		NAME AND ADDRESS stom Combining	
			uctions on R		ID FACILI	HES			MO 64673	
2. HOUSING I							3. HOUSI	NG DES	CRIPTION	
501 Balle Princetor	ew St. n, MO 6467	'3					Fores	stor Ca 4X4T	mper Trailer/Model CKE23WK080069	Cherokee
4. SLEEP ROO (No. & Measu		a. D	ormitory Ty				I mily Type		ES USE	ONLY
Length	30		3	4	1	2	3	4	5. CAPACITY	ONLY
Width	80 8	+							(Adults) 6. REGULATIONS COM ("x" proper box)	
Ceiling Heigh	it								Water	Yes No
Square Feet									Electricity	
No. of Rooms									Site	
No. of Beds, Single				-					Screening	
No. of Beds of Bunks, Double				-	-		+			
7. FACILITIES (h)							Heating	
Flush Toilets	Privy	7	Urinals		Lav. or Was	shbasins	Showerhe	ads		
1					1		1			
Bathtubs	Movable Bath	tubs	Laundry ma	chines	Fixed laund	rv tubs	Movable la	undny		
1						.,	tubs	idildiy	at y	
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid Kits		Fire Exting	uichere		
1	1		1		1	3	(No. & type	uisners e)		
8. COMMENTS			*							
8Ø X 30 Ca	mper Iralie	er								
	Y THAT I have cribed herein	review mee							5. Training and Employmen sentatives of the State Employmen reasonable time.	t Service, and that ployment Service
mployer's Signatu	re O1 1				Typed	Name an	d Title	using at a	iny reasonable time.	Date
Jeny L.	Menh	(Te	RRY	L. M	eink	Le	12-29-2015
. HOUSING INSI					'					
gnature of Authori	zed Official	1			1	Name and				Date
Devia	Men	al					ish, Stat	e Moni	tor Advocate	12/29/15
APPROVAL: F	lousing approve	ed for o	occupancy i	y worker						1 1
mature of Authoriz	Zed Official		1			Name and			1	Date
7 JOHN	11/10	Nua	1		Deb	ora IVIIN	isn,State	Monit	or Advocate	12/29/15

U.S. Departr U.S. TRAIN	ment of Labor, Emp ING AND EMPLO	loyment and Tr	aining A	dministration	1. EMPLOYER'S NAME AND ADDRESS						
	OYER FURNISH)		Mei	nke	Custom Comb	ring		
		structions on Rev		FACILITI	ES	501	Ba	11ew 5+.			
2. HOUSING		The second of the second	2736)			2 HOLIGIA	cet	ON MO 6467	3		
Mobile	Unit loca	rtedat	Emp	loujer's		Semi	-Trai	tor Trailer Uni	+		
	rate site		,			Masi	1 IL	OH GRBA840	280B066		
4. SLEEP ROC		Dormitory Type			h Eo	TAG mily Type	#	CFA 343			
(No. & Meast	ure) 1	2 3	4	1	2	3	4	ES USE O	NLY		
Length	43'							5. CAPACITY (Adults)			
Width	8.5'							6. REGULATIONS COMPLI ("x" proper box)	IANCE Yes No		
Ceiling Heigh	nt							Water	<u> </u>		
Square Feet	365,5							Electricity	X C		
No. of Rooms	5							Site	X C		
No. of Beds, Single								Screening			
No. of Beds o Bunks, Double								Heating	N C		
7. FACILITIES ((Number of each)										
Flush Toilets	Privy	Urinals		Lav. or Washt	basins	Showerhea	ads				
1				/		1					
Bathtubs	Movable Bathtubs	Laundry mac	hines	Fixed laundry	tubs	ibs Movable laundry					
		/				tubs					
Cook Stoves	Refrigerators	Garbage cont	ainers F	First-aid Kits		Fire Extingu	ijehere				
/	/	,		′)		(No. & type,					
8. COMMENTS	/	/		∠		2					
2 Hot	Plates	a n	licro	DWave	- A	or Co	oki	179			
10											
lyer											
1											
9. EMPLOYER'S	CERTIFICATION:										
								. Training and Employment Se sentatives of the State Employ	ervice, and that		
office and/or Em Employer's Signatu	1 - 7	ng Administration	on region	ar office to this	pect th	e above nou	ising at a	ny reasonable time.	yment Service		
Employer's Signati	me m - l			Typed Na			S 1	Da	ite		
10. HOUSING INS	7. Menhe			1 PRE	4	L. Me	inke	owner /2	2-29-2015		
Signature of Author				J=				,			
Salara di Malior	Managh			Typed Na	me and	Title D	epra	Minish Da	te		
11. APPROVAL: I	Housing approved for	r occupancy by	Works	State 1	Mon	itor H	dvoc	ate 10	2/28/15		
Signature of Authori	ized Official	т оссирансу бу	workers			Title 7	,	m: 1			
Dolun	γ	h		- Jpcu 14a1	.ic and	ne and Title Debra Minish Date Debra Minish Date Debra Monitor Advocate 12/28/15					
- White	- 1 Mille	XIL		OTal	C/	Jonito	r /+	duocate 15	2/28/15		

U.S. Depar	tment o	f Labor, 1	Empl	ovme	ent and Tr	ainina	A denia			1 FMPI	OVERIC	NAME AND ADDRESS	orm Approved Budget Bureau No.	44-R13
	J.S. Department of Labor, Employment and Training Administration J.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILIT (See Instructions on Reverse) HOUSING LOCATION											NAME AND ADDRESS		
EMPL	LOYER	RFURN	IISH	ED	HOUSIN	IG A	ND FA	CILIT	IES	501	Ballew	stom Combining St.		
		(Se	ee Insi	tructi	ons on Reve	erse)						MO 64673		
										3. HOUSI	NG DES	CRIPTION		
R R 2 N Princeto	N. 65 F	dwy Ceaez	2							1	tment			
1 1111000	JII, IVIC	0407	3											
4. SLEEP RO	OMS		a	Dom	itory Type									
(No. & Meas	sure)	1		2	3	4	-	1	b. Fa	mily Type		ES US	E ONLY	
Length		15'6"	9	'4"	9'4"					-	4	5. CAPACITY		
Width		12	1	4	13'5"							(Adults) 6. REGULATIONS COM		
Ceiling Heig	aht	8	5		8		-			-		("x" proper box)	APLIANCE Yes	No
Square Fee												Water	\boxtimes	$\overline{\Box}$
		187.2	131	1.6	126.9							Electricity		一一
No. of Room No. of Beds.												Site		믐
Single	1		2		2		\top							ᆜ
No. of Beds Bunks, Doub	No. of Beds or Bunks, Double FACILITIES (Number of each)									-		Screening		
		er of each	1)									Heating	\boxtimes	
Flush Toilets	Privy			Urir	nals		l av	or Wash	hasia -	la.				
2							Lav.	UI VVASII	basins	Showerhe	ads			
Bathtubs	Mova	ble Batht			-					2				
2	IVICVA	DIE DALIIL	ubs		ndry mach	ines	Fixed	laundry	tubs	Movable la	undry			
				1						tubs				
Cook Stoves	Refrig	erators		Gart	age conta	iners	First-a	id Kits		Fire Exting	uishers			
1	1			1			1			(No. & type)			- 1
8. COMMENTS										abc				
9. EMPLOYER'S	CERTIF	ICATION	1:											
the housing des	FY THA scribed h	I I have r	eview I me	ved ti	ne housing	regula	ations o	of the U.	S. Depa	rtment of La	abor, U.S	. Training and Employmen	t Service, and th	ot
office and/or En	nployme	nt and Tr	ainin	g Adı	ministratio	regio	et such nal offic	standar ce to ins	rds. I he pect the	reby author	ize repres	Training and Employmen sentatives of the State Em ny reasonable time.	ployment Service	9
Employer's Signati	ure	-1						yped Na			only at al	ry reasonable time.	Date	_
Jeny L.	Me	she						Jerk	24	L. M	eink	0	12/201	
10. HOUSING INS													12/29/13)
Signature of Author	rized Of	ficial	`	1			Ty	ped Na	me and	Title			Date	\dashv
11 APPROVAL		1/2/	My	2/1				Debra	a Mini	sh, State	Monit	or Advocate	12/20/1	
11. APPROVAL: Signature of Author	Housing	approve	d for	occu	pancy by v	vorkers		ted inter	state.				14/24/13	4
) alau	LEGU Off			1				ped Nar					Date	\dashv
veul	1-1	110	ILIX	211				Debra	Mini	sh,State	Monito	r Advocate	12/20/	1
													12/27/13	

U.S. Departme U.S. TRAININ	J.S. Department of Labor, Employment and Training Administration J.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIE							Budget Bureau No. 44-R13 EMPLOYER'S NAME AND ADDRESS Mike's Turf Farm				
1) FACILIT	IFS		3 ruii r 30x 115				
			uctions on Reve		AOILII	ILO			O 64083			
2. HOUSING LO	OCATION						3. HOUSII	NG DESCI	RIPTION			
25210 20 Pleasant I							House					
4. SLEEP ROOM		a. D	ormitory Type		1	b. Far	nily Type		T			
(No. & Measur	re) 1	2	3	4	1	2	3	4	ES USE	ONLY		
Length				11'5"	11"5	10'9"	11'6"	11'5"	(Addits)	15		
Width				12'6"		14'5"	10'8"	15'3"	6. REGULATIONS CON ("x" proper box)	Yes	No	
Ceiling Height				8'	8'	8'	8'	8'	Water	\boxtimes		
Square Feet		-		144.9	162.27	158.05	125.28	175.95	Electricity	\boxtimes		
No. of Rooms No. of Beds.									Site	\boxtimes		
Single No. of Beds, Single				2	3	3		3	Screening	\boxtimes		
Bunks, Double	1						2 bunks		Heating	\boxtimes		
7. FACILITIES (I		ach)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	sins Showerheads					
3					3		2					
Bathtubs	Movable Ba	athtubs	Laundry mad	hines	Fixed laund	iry tubs	Movable I	aundry				
2			1				tubs					
Cook Stoves	Refrigerato	rs	Garbage con	tainers	First-aid Kit	S	Fire Exting	guishers				
1	2		2		1		(No. & typ	e)				
8. COMMENTS			<u> </u>									
2 of 6 fire e	extinguish	ers ha	ad inspecti	on da	tes tags,	3 wall r	nounted	l, 3 star	nding, spaced arou	nd househole	d.	
Ladder aga	ainst wind	low in	basement	for m	eans of e	aress i	f needed	d but sti	Il does not comply	with sleening	a	
area requir	ements fo	or this	area. The	ere sh	ould be n	o beds	in this b	paseme	nt area.	with sicoping	9	
9. EMPLOYER'S								-				
I CERTIF	THAT I ha	ave revie	ewed the hous	ing regu	lations of the	U.S. Dep	partment of	Labor, U.	S. Training and Employmers esentatives of the State E	ent Service, and t	that	
office and/or En	nployment ar	nd Train	ing Administra	tion regi	onal office to	inspect t	he above h	norize repr nousing at	esentatives of the State E any reasonable time.	mployment Servi	ice	
Employer's Signat						d Name a				Date		
1, Non	Brian									12/0-1	0	
10. HOUSING IN	SPECTED B	Y:								170.0	4	
	nature of Authorized Official Typed									Date		
Joyce 9	Joyce Hahn Jo							Joyce Hahn, Program Coordinator				
			or occupancy	by worke	ers recruited	interstate.						
								Typed Name and Title Date				
Joyce of	ahn			Jo	Joyce Hahn, Program Coordinator 12-6-18				2			
0								10-4	9			

	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE								n 1. EMPLOYER'S NAME AND ADDRESS Mike's Turf Farm						
	.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)								STurf F Sox 115						
EMPLO					FACIL	.IIIE	S			O 64083					
2. HOUSING LC		C 171517 W	enons on Neve	.730)				3. HOUSIN	IG DESCE	RIPTION					
25210 20								House		All FION					
Pleasant H								House							
4. SLEEP ROOM			ormitory Type	9			b. Fan	nily Type		Ee l	USE ONLY		\neg		
(No. & Measure	9) 1	2	3	4	1	-	2	3	4	5. CAPACITY					
Length				11'5"	11"	5	10'9"	11'6"	11'5"	(Adults)	15				
Width				12'6"	14'1	1"	14'5"	10'8"	15'3"	6. REGULATIONS (("x" proper box)	COMPLIANCE	Yes	No		
Ceiling Height				8'	8'		8'	8'	8'	Water		\boxtimes			
Square Feet				144.9	162.2	27 1	158.05	125.28	175.95	Electricity		\boxtimes			
No. of Rooms										Site		\boxtimes			
No. of Beds, Single				2	3	3		3	Screening		$\overline{\boxtimes}$	司			
No. of Beds or Bunks, Double							2 bunks		Heating	3		뒴			
7. FACILITIES (I		:h)						2 bunks Heating					\dashv		
Flush Toilets	Privy		Urinals		Lav. or	Washl	basins	Showerhe	eads						
3					3			2							
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed la	undry	tube	Movable I	aundn/						
2			1	orimos	i ixcu ia	ununy	tubs	tubs	auriury						
Cook Stoves	Dofrigorotore				F:	1.14"		F. F.							
1	Refrigerators	•	Garbage co	ntainers	First-aid	Kits		Fire Exting							
	2		2		1			6							
8. COMMENTS															
2 of 6 fire e	extinguishe	ers ha	ad inspec	tion da	tes tag	ıs, 3	wall	mounted	l, 3 star	nding, spaced a	round hous	seho	ld.		
Ladder aga	ainst windo	w in	basemer	t for m	eans c	of ear	ress i	f neede	d but st	ill does not com	nly with sle	enin			
area requir	ements fo	r this	area. Th	ere sh	ould be	e no	beds	in this b	paseme	nt area.	ipiy with oit	John	9		
replacin	eg all	Pe	ddi ng	Cn	nattr	CSS	/p	llows	She	ets)					
ballmon	remo	del	off	Kit	chei	n (8	3al	ls flo	orlac	(Toilet)					
Comple	1	me	A (of L			2/00		1.15	1					
9. EMPLOYER'S	CERTIFICAT	ION:		-					- 1110						
I CERTII	FY THAT I ha	ve revie	ewed the hou	sing regu	ulations o	f the U	J.S. De	partment of	f Labor, U	.S. Training and Emp resentatives of the St	loyment Servic	e, and	that		
office and/or Er	nployment an	d Train	ing Administr	ation reg	ional offic	ce to ir	nspect t	the above h	nousing at	any reasonable time	аtе ⊑пірюўше	ni Serv	rice		
Employer's Signat				T	Typed Name and Title Date										
Brian Ra									ager		12.	21-	-1		
	. HOUSING INSPECTED BY:														
Signature of Author	orized Official	1/	^		T	10.00		nd Title			Date	1	1		
Uni	le	1	USI	1			ita Dixson, MSFW Program Coordinator					1//			
	APPROVAL: Housing approved for occupancy by workers recruited inters														
agriadure of Autho									Name and Title ta Dixson, MSFW Program Coordinator						
Mu	1	1	ise	7		Anit	a DIX	son, MS	brvv Pr	ogram Coordina	ator	1//	1/		

U.S. Departmen	nt of Labor, E	mploy	ment and Tra	aining A	dministration	1. EMPLOYER'S NAME AND ADDRESS Mike's Turf Farm						
U.S. TRAININ									711111			
EMPLOY	YER FURN	ISHE	D HOUSIN	IG AND	FACILIT	IES		Box 115				
		e Instri	ictions on Reve	erse)			Rayıı	iore, ivi	O 64083			
2. HOUSING LC	CATION						3. HOUSI	NG DESC	RIPTION			
25210 20 Pleasant F							House	е				
r iododiit i	iii, ivio											
4 CLEED DOON	10											
4. SLEEP ROOM (No. & Measure		a. D	ormitory Type	4	1	b. Fan	nily Type	4	ES USE	ONLY		
Length				11'5"		10'9"	11'6"	11'5"	5. CAPACITY (Adults)	13		
Width				12'6"	14'11"	14'5"	10'8"	15'3"	6. REGULATIONS CON ("x" proper box)		Yes	No
Ceiling Height				8'	8'	8'	8'	8'	Water		\boxtimes	
Square Feet				144.9	162.27	158.05	125.28	175.95	Electricity	1100	\boxtimes	
No. of Rooms					1,	,			Site		\boxtimes	
No. of Beds, Single No. of Beds or				2	3	3 /	2	2 3	Screening		\boxtimes	
Bunks, Double									Heating		\boxtimes	
7. FACILITIES (/		:h)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
3					3		Showerheads 2					
Bathtubs	Movable Bati	htubs	Laundry mad	chines	Fixed laund	fry tubs	4. Market 197					
2			1				tubs					
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid Kit	S	Fire Exting	guishers				
1	2		2		2		(No. & typ	e)				
8. COMMENTS						-						
2 of 6 fire e	xtinguishe	ers ha	ad inspect	ion da	tes tags,	3 wall r	nounted	l, 3 star	nding, spaced arou	nd house	ehol	d.
area require	ements for	this	area. The	ere sh	ould be n	gress r	in this b	a but sti paseme	II does not comply nt area.	with slee	eping	g
9. EMPLOYER'S	CERTIFICATI	ON:								WW. 200 200		
I CERTIF	Y THAT I hav	e revie	ewed the house	sing regu	lations of the	U.S. Dep	partment of	Labor, U.	S. Training and Employm	ent Service	, and f	that
office and/or Em	cribed herein	r ∐∐ Traini	neets do ing Administra	es not mation regi	eet such star	ndards. I h n inspect t	nereby auth	norize repr	esentatives of the State E any reasonable time.	mployment	Servi	ce
Employer's Signati			ing / tallimotite	ation regi		d Name a		iousing at	any reasonable time.	Date		
75-	3								Manager	1-5	i.	
10. HOUSING INS	SPECTED BY:	:			,	,,	May		MARIASEV	/ >	16	2
Signature of Autho	rized Official				Турес	d Name a	nd Title			Date		
Dobra M	Tenish				Deb	Debra Minish State Monitor Adv. 1-5-16						,
11. APPROVAL:		oved fo	or occupancy	by worke		d interstate.						
Signature of Autho	rized Official	1			Турес	Name ar	nd Title	Sta	te Monitor	Date		
flebras	Venua	h			De	bra N	linish		Advocato	1-5	-16	,

U.S. Department	t of Labor, E	mployn	nent and Train	ning Adn	ninistration	1. EMPLOYER'S NAME AND ADDRESS Mike's Turf Farm						
U.S. TRAINING	AND EMP	LOYM	ENT SERVIO	CE				Turf Fa		4		
EMPLOY	ER FURNI	SHED	HOUSING	AND	FACILITI	ES) 64083			
	(See	: Instruc	tions on Rever	se)								
2. HOUSING LO	CATION		3			1	3. HOUSIN	IG DESCF	RIPTION			
25210 205	5 th					1	House	9				
Pleasant H	ill, MO					1						
4. SLEEP ROOM			rmitory Type	4	1	b. Fam	nily Type	4	ES USE O	NLY		
(No. & Measure Length	1	2	3	11'5"	11"5	10'9"	11'6"	11'5"	5. CAPACITY 13			
Width				12'6"	14'11"	14'5"	10'8"	15'3"	6. REGULATIONS COMPLI ("x" proper box)	ANCE Yes No		
Ceiling Height				8'	8'	8'	8'	8'	Water			
Square Feet				144.9	162.27	158.05	125.28	175.95	Electricity	\boxtimes		
No. of Rooms									Site			
No. of Beds,				2	#	3	2	3	Screening			
No. of Beds or Bunks, Double									Heating			
7. FACILITIES (A		ch)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads				
3					3	2						
Bathtubs	Movable Ba	thtubs	Laundry mad	chines	Fixed laund	dry tubs	Movable	laundry				
2			1				tubs					
Cook Stoves	Refrigerator	S	Garbage cor	ntainers	First-aid Ki	its		nguishers		•		
1	2		2		1		(No. & ty)	pe)				
8. COMMENTS												
	extinguish	ers h	ad inspect	ion da	tes tags,	3 wall	mounte	d, 3 sta	nding, spaced around	household.		
Ladder aga area requir	ainst wind	ow in	basemen	t for m ere sh	eans of a	egress no beds	it neede s in this	ed but s baseme	till does not comply w ent area.	itti sieeping		
area requir	ements it	כוווז ונ	alta. III	CIC SII	ould be i	no bouc	, ,,,,,,,,,	J0001111				
11 2												
1/2												
9. EMPLOYER'S	CERTIFICA	TION:										
· OFFIT	EV THAT I be		ewed the hou	sing regu	ulations of the	he U.S. De	epartment	of Labor, l	J.S. Training and Employment presentatives of the State Employment and	ployment Service		
the housing de office and/or E	scribed herei mployment ai	n 🔼 i nd Trair	meets at ning Administr	ation reg	ional office	to inspect	the above	housing a	at any reasonable time.			
	office and/or Employment and Training Administration regional office Employer's Signature Type									Date /_ > /		
		-			- E	Brian Ra	ape, Ma	nager		1-22-13		
10. HOUSING IN	ISPECTED B		D.4.									
Signature of Auth	orized Officia	1/	/		37233	ed Name				Date /-) > /-		
(fou	CX	ta	4			Joyce Hahn 122/5						
11. APPROVAL			for occupancy	y by work						Date		
Signature of Auth	orized Officia	1//	//		1		d Name and Title Date					
157	1100	A	n		-	Joyce H	ann			122-15		

				- 20						Budget Burea	III No. 44	1-R135	
U.S. Department U.S. TRAININ	nt of Labor, E	mploy	ment and Tra	ining Ad	ministration	1			AME AND ADDRESS				
	YER FURNI				FACILIT	150		hy Fam Hwy 11	ily Ventures				
LIMITEO			ictions on Reve		FACILII	IES		ice, NC					
2. HOUSING LO							3. HOUSIN	NG DESC	RIPTION				
22693 E. I	B. Hwy						House						
Sheldon, M							11000	0				1.5	
4. SLEEP ROOM (No. & Measure		a. D	ormitory Type 3	4	5	b. Fan	nily Type	4	ES U	SE ONLY			
Length	13'7	7'9		2'11	20				5. CAPACITY (Adults)	9			
Width	9.6	101	10 13'7	18.7	7.11				6. REGULATIONS CO	OMPLIANCE	Yes	No	
Ceiling Height	8	8	8	8	8				Water		X		
Square Feet	131.52		18 135,63	1329					Electricity		\boxtimes	$\overline{\Box}$	
No. of Rooms				14,40				Site		\boxtimes			
No. of Beds, Single	2	2	2	2				Screening	gs.				
No. of Beds or Bunks, Double									Heating		\boxtimes		
7. FACILITIES (I	Number of eac												
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	1				
)							1						
Bathtubs	Movable Bati	htubs	Laundry mad	hines	Fixed laund	laundry tubs Movable laundry							
			1	,,,,,,	r ixed ladire	ny tubs	tubs	lauriury					
0.10	5.0		/										
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	S	Fire Extin	guishers					
	1		2		1	1 2							
8. COMMENTS	•						<i>V</i> \						
1 Dr	yer												
1 Dri Weekly	gtras	sh f	rickup										
9. EMPLOYER'S			awad the have	ina roaul	latiana af th	- II C D							
the housing des	scribed herein	\boxtimes m	neets doe	es not me	eet such star	ndards. H	nereby auth	horize ren	S. Training and Employ resentatives of the State	/ment Servic e Employme	e, and nt Serv	that ice	
Employer's Signat		raini	ing Administra	ition region		d Name a		nousing at	any reasonable time.	15.			
211	2						annen	Ma	l lm	Date	17 5		
10. HOUSING IN	SPECTED BY	Jov	ce Hahn		- 1	3111	gine	1,6,	nt Moneger	2.	13-18	\$	
Signature of Author			oo Hariir	-	Type	d Name a	nd Title			Date			
Joyce of	/ /					Joyce Hahn, Program Coordinator 2/13/18							
1. APPROVAL:	Housing appr	oved fo	or occupancy	by worke									
Signature of Autho						d Name a				Date			
Joyce H	ahn				Jo	усе На	hn, Pro	gram C	oordinator	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3/18		
11 1						Joyce Hahn, Program Coordinator 2/13/18							

U.S. Departme U.S. TRAININ	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES							Budget Bureau No. 44-R135 Murphy Family Ventures				44-R135
EMPLO	YER FUR	NISHE	DHO	DUSING	G AND	FACILIT	TIFS	5752	Hwy 11	ily ventures 17 S.		
	6			on Rever			0	Walla	ice, NC	28466		
2. HOUSING L	OCATION							3. HOUSIN	NG DESC	RIPTION		
22693 E. Sheldon,	B. Hwy MO 6478	4						House				
4. SLEEP ROOM		a. D	ormito	гу Туре			b. Far	nily Type				
(No. & Measur	e) 1	2		3	4	1	2	3	4	ES USE	ONLY	
Length	13'7	7'	8	9'9	7'11	20				5. CAPACITY (Adults) 10)	
Width	9'6	10'	-	13'7	18'7	7'11				6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes	s No
Ceiling Height	8	8		8	8	8				Water	\boxtimes	
Square Feet	131.52	78.	78	135.63	132.95	142.20				Electricity	\boxtimes	1 🗆
No. of Rooms		1	4	1	1	1				Site	\boxtimes	
Single										Screening	\boxtimes	
Bunks, Double	Bunks, Double									Heating	×	
7. FACILITIES (ach)										
Flush Toilets	Privy		Urina	als		Lav. or Wa	shbasins	Showerhe	eads			
1			1					1				
Bathtubs	Movable Ba	athtubs	Laun	dry mac	hines	Fixed laund	dry tubs	Movable I	aundry			
Cook Stoves	Refrigerato	rs	Garb	age cont	ainore	First-aid Ki	to.	Fine Fatin				
1	1		2	age com	airicis	1	ıs	Fire Exting	guishers e)			
8. COMMENTS								2				
1 dryer on	site											
Weekly tra	sh nickur	,										
l room, au	on piokup											
9. EMPLOYER'S												
										S. Training and Employmer esentatives of the State Em	nt Service, an iployment Se	d that
Employer's Signat	- Programma	7	ing Ad	ministrat	ion regi	onal onice ti	d Name a	ne above n	ousing at	any reasonable time.		
Sta	CUT R	TOC	id			St		Bond	Emo	loue Developm		
10. HOUSING INSPECTED BY:								20110,		जु- गालुग	1/25/19	-
Signature of Authorized Official Typed Nar								nd Title			Date	$\overline{}$
Joyce ,	Joyce Hahn								gram C	oordinator	1/25/19	
11. APPROVAL:	Housing ap	proved f	or occi	upancy b	y worke							
Signature of Author							d Name ar				Date	
Joyce	Joyce Hahn Joyce						усе На	hn, Prog	gram C	oordinator	1/25/19	
11	Joyce grann 6090										1120119	

1 × × × × × 127

U.S. Departmen	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIE									1. EMPLOYER'S NAME AND ADDRESS Murphy Grain, LLC				
						EACH IT	IEC		hy Grai ox 225	n, LLC				
				on Rever		FACILII	IES		en, MO	63863				
2. HOUSING LO								3. HOUSII	NG DESC	RIPTION				
7607 D Hv Parma, Mo									lroom h					
4. SLEEP ROOM	15	a D	ormito	гу Туре			h For	nilu Tuna		_				
(No. & Measure		2		3	4	1	2	nily Type 3	4	ES USE	ONLY			
Length	9.11	11/2	41	27	131	1 13'1				5. CAPACITY (Adults)				
Width	12'11	18	6	5'8	11'9	10.4				6. REGULATIONS COM ("x" proper box)	PLIANCE Yes	No		
Ceiling Height	8	8		8	8	8				Water	\boxtimes			
Square Feet										Electricity	\boxtimes			
No. of Rooms										Site	\boxtimes			
No. of Beds, Single	ingle o. of Beds or									Screening	\boxtimes			
No. of Beds or Bunks, Double	6 \ 1 1 = 1 1 \ 1 1 \ 1 1									Heating				
Flush Toilets	Privy		Urina	ls		Lav. or Wa	shbasins	Showerhe	eads					
3								2						
Bathtubs	Movable Bat	htubs	Laund	dry mac	hines	Fixed laund	dry tube	tubs Movable laundry						
1						i ixed iddire	tubs							
Cook Stoves	Refrigerators		Garba	age con	tainers	First-aid Kit	te	Fire Extinguishers						
)	1			/		/	.0	(No. & typ	pe)					
8. COMMENTS	-/-			1				ZKid	d.e					
		ž												
9. EMPLOYER'S	CEDTIFICAT	ONI												
I CERTIF the housing des	Y THAT I hav	re revie	reets		es not me	eet such sta	ndards. H	nereby auth	norize reni	S. Training and Employme resentatives of the State Er any reasonable time.	ent Service, and mployment Serv	that ice		
Employer's Signate					- 3		d Name a		locoling at	any reasonable time.	Date			
72 3	723								mal	C & / 111	12-13-16	-		
10. HOUSING INS	SPECTED BY	:					7 / 147	1	J. I (My)	of Mighy biren 64	1 '')			
	Signature of Authorized Official							nd Title			Date	-		
Joyce 9	Joyce Hahn							hn, Pro	gram C	oordinator	12-13-1	8		
	Housing appr	oved fo	or occu	ipancy l	by worke	ers recruited	interstate	nterstate.				()		
								d Name and Title Date						
Joyce 9	Joyce Hahn							Joyce Hahn, Program Coordinator						

U.S. Departn	nent of Labor,	Emplo	yment and	Training .	Administra	ation	Budget Bureau No. 44-R13 EMPLOYER'S NAME AND ADDRESS				
U.S. TRAINI	NG AND EMI	PLOY	MENT SE	RVICE			Moseley Fa	5			
	(Se		ructions on I				Meadville,	MO 64659			
2. HOUSING	LOCATION						3. HOUSING DES	CRIPTION			
102 Malla Brookfiel	ard Drive d, MO						2 story hou				
4. SLEEP ROO (No. & Measu			Dormitory T				amily Type	ES US	F ONLY		
Length	375			- 4	1	2	3 4	5. CAPACITY	E ONLY		
Width	29'4		_					(Adults) 6. REGULATIONS CO	MPLIANCE		
Ceiling Heigh	nt 8						+	("x" proper box) Water	Yes No		
Square Feet	110.25	-									
No. of Rooms	The second secon							Electricity			
No. of Beds, Single	Single //						+ +				
No. of Beds o	No. of Beds or Bunks, Double						-	Screening			
	Bunks, Double . FACILITIES (Number of each)							Heating			
Flush Toilets	Privy		Urinals		Lav. or V	Vashbasins	Showerheads	-			
/						140110431113	/				
Bathtubs	Movable Bath	ntubs	Laundry m	achines	Eivad Ia	ixed laundry tubs Movable laundry					
			Lauriury II	/	rixed lat	indry tubs	Movable laundry tubs	1			
Cook Stoves	Refrigerators		Garbage o	ontainers	First-aid	Kits	Fire Extinguishers	-			
/	/				/		(No. & type)				
8. COMMENTS							1 Buckeye				
1 Dr	yer on	-Si	de								
EMPLOYER'S	CERTIFICATIO	DN:									
I CERTIF the housing des	Y THAT I have cribed herein	review	wed the hou	using regul	ations of t	he U.S. Der	partment of Labor, U	S. Training and Employme	ent Service, and that		
office and/or Em	ployment and	Trainir	ng Administ	ration regi	eet such st onal office	tandards. I h to inspect t	nereby authorize repr he above housing at	 S. Training and Employmeresentatives of the State E any reasonable time. 	mployment Service		
mployer's Signatu	ure /				Тур	ed Name ar	nd Title	any reasonable time.	Date		
Cha 1	breley				1	Tra /	Poseles /	Yanager	31 MAV18		
0. HOUSING INS								Magel	21/1/10		
ignature of Author	1 .				Typed Name and Title Date						
111	APPROVAL: Housing approved for occupancy by workers re						Joyce Hahn, Program Coordinator				
ignature of Author	rized Official	ed for	occupancy	by worker			state.				
Joyce of	,					ed Name an			Date		
1	,				J	Joyce Hahn, Program Coordinator					

U.S. Departmer	nt of Labor, Employ G AND EMPLOYN	ment and Trai	ning Ad	ministration	Moyer Farms, LLC					
	CAND EMPLOYN ER FURNISHE			FACILIT		Moye 3990	r Farms 9 E 160	s, LLC		
LIMITEO		ictions on Rever		FACILIT	IE9			1O 64085		
2. HOUSING LO						3. HOUSIN	NG DESCR	RIPTION		-
12664 Hwy	y 13					House				
	, MO 64085					11040	•			
4. SLEEP ROOM (No. & Measure		ormitory Type 3	4	1	b. Fan	nily Type	4	ES USE	ONLY	
Length	-/			10'	13%	1	4	5. CAPACITY		
Width				15%	111			6. REGULATIONS COMP		
Ceiling Height				~ 6	10			("x" proper box) Water	Yes	No
Square Feet				15/1	12/			Electricity	M	\Box
No. of Rooms				124	1			Site	A A	H
No. of Beds, Single				- '				Screening	TX	\exists
No. of Beds or			@1	.,			Heating		一	
Bunks, Double 7. FACILITIES (/		***						ricating		Ш
Flush Toilets	Privy	Urinals		Lav. or Wa	shbasins	Showerh	eads	1		
1	2 (Control 1994)									
Bathtubs	Movable Bathtubs	Laundry mad	hines	Fixed laund	rv tubs	Movable	laundry			
1				, mod iddine	.,	tubs	iddiidiy			
Cook Stoves	Refrigerators	Garbage con	toinere	First sid Kit	-	F: F. 4:-				
COOK Stoves	Reingerators	j	lamers	First-aid Kit	.S	Fire Extin				
	(/				/				
8. COMMENTS										
9. EMPLOYER'S	CERTIFICATION:									2
I CERTII	FY THAT I have revi	ewed the hous	sing regu	lations of the	e U.S. De	partment o	f Labor, U	.S. Training and Employmen	nt Service, and t	that
the housing des	scribed herein 🔀 r	neets 🔲 do	es not m	eet such sta	ndards. I	hereby aut	horize rep	resentatives of the State Entany reasonable time.	nployment Servi	ce
Employer's Signat		ing Administra	attori regi		d Name a		nousing at	any reasonable time.	Date	
1	K			1,750			.11		7/19/	
10. HOUSING IN	SPECTED BY: Joy	yce Hahn			100	Man	Mg	11c	7/1/18	5
Signature of Author		you manin		Type	d Name a	nd Title			Data	
Joyce or	/				Joyna Hahn Brogram Coordinator					
1	Housing approved	for occupancy	by work		4/9/16				4/8/10	
Signature of Author	orized Official		.,o.	Typed Name and Title Date						
Joyce of	Yahn			Jo	Joyce Hahn, Program Coordinator 8 4/9/18					

										Bud	get Bureau No. 44	4-R135	
U.S. Departme U.S. TRAININ	nt of Lab	or, Emplo	yment	and Tra	ining Ad	lministration	1			AME AND ADDRESS	got Daloda	Tivios	
1									ak Farı Hwy E	ms, Inc.			
ENIFLO	YEK FU	(See Instr				FACILIT	IES			MO 63068			
2. HOUSING LO	CATION	N			17.06			3. HOUSIN	NG DESC	RIPTION			
200 Maup	in Stree	et							room h				
New Have								Jucu	100111 11	ouse			
4. SLEEP ROOM (No. & Measur				ory Type				nily Type		ES USE	ONLY		
Length			2	13'2	17'2	1	2	3	4	5 CAPACITY	1 1		
Width	17									(Adults) 6. REGULATIONS COMP	PLIANGE		
			7	17'1	17'2					("x" proper box)	Yes	No	
Ceiling Height			9	8'9	8'9					Water			
Square Feet	24	1.2 19	90	225	295					Electricity	\boxtimes		
No. of Rooms	1	1 1	1	1	1					Site	\boxtimes		
No. of Beds, Single										Screening	\boxtimes		
No. of Beds or Bunks, Double 1 king 2 double 1 double						е				Heating	\boxtimes		
7. FACILITIES (I	Number o	f each)											
Flush Toilets	Privy		Urin	als		Lav. or Was	shbasins	Showerhe	eads				
2								2					
Bathtubs	Movable	Bathtubs	Laur	ndry mad	chines	Fixed laund	ed laundry tubs Movable laundry						
			1					tubs					
Cook Stoves	Refrigera	ators	Gart	page con	tainers	First-aid Kits	s	Fire Exting	auishers				
1	3		1	01 1 00 - 100 - 200 - 1		1		(No. & typ					
8. COMMENTS													
Trash pick	up is tv	wice a v	veek.										
9. EMPLOYER'S	CERTIFIC	CATION:											
I CERTII	FY THAT	I have revi	iewed	the hous	ing regul	lations of the	U.S. De	partment of	f Labor, U	S. Training and Employme	nt Service, and	that	
the housing des	scribed he	erein 🔀 i	meets	doe	es not me	eet such star	ndards. I l	hereby auth	norize rep	resentatives of the State En any reasonable time.	nployment Servi	ice	
Employer's Signat		t dila i i dil	iiig /ic	ammistra	tion region		d Name a		iousing at	any reasonable time.	Date		
Dua	ne.	300	1			1		re B	Sun	0	2-26-	19	
10. HOUSING IN:	BY:	Ita Dix	son		- (- ()	12 0	ONT		C C\$	10			
Signature of Author	cial ,		4		Турес	d Name a	nd Title			Date			
Joyce of	Joyce Hahn Joy								Joyce Hahn, Program Coordinator				
14. APPROVAL:	Housing	approved	for occ	cupancy	by worke	ers recruited	interstate				2/20/10		
Signature of Author	rized Offi						d Name ar				Date		
Joyce or	oyce Hahn						усе На	hn, Prog	gram C	oordinator	2/26/18		
// //	The francis												

U.S. Departmen	nt of Labor, I	Employ	men	t and Trai	ining Ad	ministration	EMPLOYER'S NAME AND ADDRESS Pin Oak Farms, Inc.					
U.S. TRAININ							SS 4-1 - 8-5			ns, Inc.		
EMPLOY	ER FURN					FACILIT	IES		Hwy E	MO 63068		
2 1101101110110		e Instru	iction	ıs on Revei	rse)							
2. HOUSING LO								3. HOUSIN	NG DESCR	RIPTION		
200 Maupi		000						5 bed	room h	ouse		
New Have	n, IVIO 63	008										
4 01550 0001	10	- 5										
4. SLEEP ROOM (No. & Measure		a. D		tory Type 3	4	1	b. Far	nily Type 3	4	ES USE	ONLY	
Length	141	11'	2	13'2	17'2	2				5. CAPACITY 5 (Adults) 5		
Width	17:1	1	1	17'1	17'2					6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No
Ceiling Height	8.9	8	9	819	89					Water	×	
Square Feet	241.2	191	0	225	295					Electricity		
No. of Rooms	1	1)	1					Site		
No. of Beds, Single									Screening			
No. of Beds or Bunks, Double		, ne	e 2dh	1 db					Heating			
7. FACILITIES (A	G	TACU	1100									
Flush Toilets	Privy		Uri	nals		Lav. or Was	shbasins	Showerhe	eads			
2								1				
Bathtubs	Movable Ba	th tu h a	1		.hi	F:		α				
Datillubs	IVIOVADIE DA	intubs	Lat	undry mad	inines	Fixed laund	iry tubs	Movable I tubs	aundry			
				/								
Cook Stoves	Refrigerator	S	Gai	rbage con	tainers	First-aid Kit	S	Fire Exting	guishers			
/	3			Í		/		(No. & typ	BC			
8. COMMENTS								ITA	13			
Twice	2 a 1	J.ee	K	PIC	Ku	P.						
				4		1						
9. EMPLOYER'S												
the housing des	-Y THATTha scribed hereir	ve revie	ewec neets	the hous	sing regu	lations of the	e U.S. De ndards 1	partment of	f Labor, U.	S. Training and Employment resentatives of the State Em	it Service, an	d that
office and/or En	nployment an	d Train	ing A	Administra	tion regi	onal office to	inspect	the above h	nousing at	any reasonable time.	pioyment se	VICE
Employer's Signature Typed Name and Title											Date	
Duane				7) wa	ne B	Sune	2	3-9-	17		
10. HOUSING INSPECTED BY: Anita Dixson											·	
Signature of Autho	rized Official) `			Туре	d Name a	nd Title			Date	
Min	te	U	4	2		Ar	nita Dix	son, Sta	ate Mon	itor Advocate	3.9-	7
	Housing app	roved f	or oc	cupancy	by worke	ers recruited	interstate					
Signature of Autho	rized Official	Y)				d Name a				Date	
Ann	Ante Miss								ate Mon	itor Advocate	3-9-1	\neg

EMPLO	YER FURNI	LOYMEN SHED H	t and Train T SERVIC OUSING	CE S AND		Caruthersville, MO 63830					
2. HOUSING LO							3. HOUSIN	IG DESCE	RIPTION		
1822 CO		3830					House				
4. SLEEP ROOM	vs	a. Dormi	tory Type		T	b. Fan	nily Type				_
(No. & Measur	re) 1	2	3	4	1	2	3	4	ES USE	ONLY	
Length					12'2	12'2	12'1		5. CAPACITY 3		
Width					11	11'5	8'8		6. REGULATIONS CON ("x" proper box)		Yes
Ceiling Height	t				8	8	8		Water		X
Square Feet				333	134.20	140.3	106.48		Electricity		X
No. of Rooms					1	1	1		Site		X
No. of Beds, Single									Screening		X
No. of Beds or Bunks, Double									Heating		X
7. FACILITIES (h)									
Flush Toilets	Privy	Uri	nals		Lav. or Was	shbasins	Showerhe	ads			
/							/				
Bathtubs Movable Bathtubs Laundry machines F					Fixed laund	ry tubs	Movable I tubs	aundry			
Cook Stoves	Refrigerators	Ga	rbage cont	tainers	First-aid Kit	S	Fire Exting				
/	/				/		(No. & typ	e)			
		. 1									
the housing de	S CERTIFICATI IFY THAT I havescribed herein	ION: ve reviewed	s 🔲 doe	s not m	eet such sta	ndards. I	hereby auti	norize repr	S. Training and Employm	nent Service,	an Se
9. EMPLOYER'S I CERTI the housing de office and/or E	S CERTIFICATI IFY THAT I hav escribed herein imployment and	ION: ve reviewed	s 🔲 doe	s not m	eet such sta ional office to	ndards. I o inspect	hereby aut the above h	norize repr	S. Training and Employm resentatives of the State E any reasonable time.	Employment	arr
9. EMPLOYER'S I CERTI	S CERTIFICATI IFY THAT I hav escribed herein imployment and	ION: ve reviewed	s 🔲 doe	s not m	eet such sta ional office to	ndards. I	hereby auti the above hand Title	norize repr nousing at	resentatives of the State E any reasonable time.	nent Service, Employment	arr Se
9. EMPLOYER'S I CERTI the housing de office and/or E Employer's Signa	S CERTIFICATI IFY THAT I have secribed herein imployment and ature. When the secretary is a secrible with the secretary with the secrible	ION: ve reviewed ⊠ meet d Training /	s 🔲 doe	s not m	eet such sta ional office to	ndards. I o inspect	hereby auti the above hand Title	norize repr	resentatives of the State E any reasonable time.	Employment	ar Se
9. EMPLOYER'S I CERTI the housing de office and/or E Employer's Signa 10. HQUSING IN Signature of Auth	S CERTIFICATI IFY THAT I have escribed herein imployment and ature. NSPECTED BY norized Official	ION: ve reviewed ⊠ meet d Training /	s 🔲 doe	s not m	eet such sta ional office to Type	ndards. I o inspect d Name a	hereby autithe above hand Title	norize reprinced in the second	resentatives of the State E any reasonable time.	Employment	arr
9. EMPLOYER'S I CERTI the housing de office and/or E Employer's Signa	S CERTIFICATI IFY THAT I have escribed herein imployment and ature. NSPECTED BY norized Official	ION: ve reviewed ⊠ meet d Training /	s 🔲 doe	s not m	eet such sta ional office to Type	ndards. I o inspect d Name a	hereby autithe above hand Title	norize reprinced in the second	resentatives of the State E any reasonable time.	Date	arr Se
9. EMPLOYER'S I CERTI the housing de office and/or E Employer's Signa 10. HQUSING IN Signature of Auth	S CERTIFICATI IFY THAT I have escribed herein imployment and ature. NSPECTED BY norized Official	ION: //e reviewed // meet d Training /	s	es not m tion regi	eet such stational office to	ndards. I o inspect d Name a d Name a d Name a d Name a	hereby autithe above hand Title and Title ahn, Pro	norize reprinced in the second	resentatives of the State E any reasonable time.	Date	an Se
9. EMPLOYER'S I CERTI the housing de office and/or E Employer's Signa 10. HQUSING IN Signature of Auth	S CERTIFICATI IFY THAT I have escribed herein imployment and atturn and atturn in the second of the	ION: //e reviewed // meet d Training /	s	es not m tion regi	eet such stational office to Type: Type: Type: Joers recruited	ndards. I o inspect d Name a d Name a d Name a d Name a	hereby autithe above hand Title and Title and Title ahn, Pro	norize reprinced in the second	resentatives of the State E any reasonable time.	Date	ann Se

mahan@bpsivetwarks

Form Approved Budget Bureau No. 44-R1358 1. EMPLOYER'S NAME AND ADDRESS U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE Pride Harvestng, LLC **EMPLOYER FURNISHED HOUSING AND FACILITIES** 729 Peacock Avenue Lahigh Acres, FL 33974 (See Instructions on Reverse) 2. HOUSING LOCATION 3. HOUSING DESCRIPTION 108 NE Street Barracks style housing Parma, MO 63870 4. SLEEP ROOMS a. Dormitory Type b. Family Type ES USE ONLY (No. & Measure) 5. CAPACITY Length 30 (Adults) 6. REGULATIONS COMPLIANCE Width 0.3 ("x" proper box) No Yes Ceiling Height Water Square Feet Electricity No. of Rooms Site No. of Beds, Screening Single No. of Beds or Heating (Bunks) Double 7. FACILITIES (Number of each) Flush Toilets Privy Urinals Lav. or Washbasins Showerheads 4 Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Extinguishers (No. & type) ABC 8. COMMENTS Microwave Dryer Onside Weekly trash pickup 9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ameets and does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time Employer's Signature Typed Name and Title Date NINCOTA CFORMATION 10. HOUSING INSPECTED BY Signature of Authorized Official Typed Name and Title Date Joyce Hahn, Program Coordinator 11. PPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator

U.S. Departme U.S. TRAININ	nt of Labor, E	Employ	ment and Tra	ining Ad	lministration	1	Budget Bureau No. 44-R135 EMPLOYER'S NAME AND ADDRESS Providence Farm						
236	YER FURN				EACILIT	IEC		dence I Hwy 92					
1	122		ctions on Rever		PACILIT	IES			AR 72013				
2. HOUSING LO	CATION						3. HOUSIN	NG DESC	RIPTION				
20770 St. Cassville,	Hwy 76 MO 6562	5					House						
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type	4	1	b. Far	nily Type		ES USE	ONLY			
Length	11')	/		7	<u> </u>		3	4	5. CAPACITY				
Width	12'1	,							(Adults) (6. REGULATIONS COM ("x" proper box)	AND DECEMBER OF THE PROPERTY O			
Ceiling Height	8								Water	Yeş No			
Square Feet	234,3	2							Electricity	X 🗆			
No. of Rooms)								Site) A D			
No. of Beds, Single No. of Beds or									Screening	Ø 🗆			
Bunks, Double									Heating				
7. FACILITIES (A		ch)											
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	ads]				
					2)						
Bathtubs	Movable Bat	htube	Laundry mac	hinos	Fixed lawed	A. b	\sim						
-EX	WOVADIC DAL	IIIUUS	t auriory mac	nines	Fixed laund	ry tubs	Movable la	aundry					
			1	1									
Cook Stoves	Refrigerators		Garbage conf	tainers	First-aid Kits	S	Fire Exting	uishers					
	1		weekly				(No. & typ						
8. COMMENTS	<u> </u>		Pizza	P	.\/	1							
he.	ed fi	. / 10			7	\cap	1 n	1	121	İ			
110	201	YC	EXTIV	· G.	4 7	rive	st A	d	KH				
ne	ed)	ord	7100	200	- 1100	cha	_ / 1						
, v		010	MICS	0	s loc	She	1/d	1468					
	٧							1					
9. EMPLOYER'S	CERTIFICATI	ON:											
I CERTIF	Y THAT I hav	e reviev	ved the housi	ng regul	ations of the	U.S. Dep	partment of	Labor, U.	S. Training and Employme	ent Service, and that			
the housing des	cribed nerein		ets doe	s not me	et such star	idards I i	rereby auth	orize reni	resentatives of the State E any reasonable time.	mployment Service			
Employer's Signatu	ure		y Administrat	Jon regio		Name a		ousing at	any reasonable time.	18.4			
To me	1/							/		Date			
10. HOUSING INS	101				1 70	CRKY	MCC	hesi	ney	5-23-17			
Signature of Author					TT	4	- 1 T''						
1	1	//	100		Typed	Name a	iq litie	1).	000	Date			
1. APPROVAL:	Housing appr	oved for	occupancy b	y worke	rs recruited	nterstate	1 Th	41	xson	1963/1			
signature of Author			-,, 0	J		Name ar		\cap		Date			
Marila	Anata Barasa								(1)				
UVVVV	11/6	war	-		14	th 17	1	1	XSON	10/20/11			

U.S. Departme	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIE								1. EMPLOYER'S NAME AND ADDRESS Roth Herford Farms of Missouri, Inc				
1						. = 4 0				I Farms of Missouri, ate Route 2	Inc		
EMPLO				iousin is on Revei) FACIL	ITIES			, MO 64701			
2. HOUSING LO		e mstr	uction	is on Rever	rse)	-	-		ING DESC				
32800 E.													
Harrisonvi								Rand	h House	9			
	,												
4. SLEEP ROOM	AS	a. D	omit	tory Type			b. Fa	mily Type		T			
(No. & Measur	e) 1		2	3	4	1	2	3	4	ES USE	ONLY		
Length	9'4	1	0	10	10	9'5				5. CAPACITY (Adults)			
Width	13	1:	3	11	10	14				6. REGULATIONS COMF ("x" proper box)	PLIANCE Yes	. No	
Ceiling Height										Water	\boxtimes		
Square Feet	117.33	13	0	110	100	126.4	1			Electricity	\boxtimes		
No. of Rooms										Site	\boxtimes		
No. of Beds, Single									Screening	\boxtimes			
No. of Beds or Bunks, Double										Heating	\boxtimes		
7. FACILITIES (A	Number of eac	h)											
Flush Toilets	Privy		Urin	als		Lav. or W	/ashbasins	Showerh	eads				
2						2		2					
Bathtubs	Movable Bati	ntubs	Laur	ndry mach	nines	Fixed lau	ndry tubs	Movable	laundry				
1			1				, , , , , ,	tubs					
Cook Stoves	Refrigerators		Gart	page cont	ainers	First-aid I	Cits	Fire Extin	nuishers				
1	1		1	age com		1	(IIO	(No. & typ	(No. & type)				
8. COMMENTS								1					
Garbage Se	ervice												
9. EMPLOYER'S	CERTIFICATION	ON:							***************************************		PR		
I CERTIF	Y THAT I have	revie	wed t	the housir	ng regul	ations of t	he U.S. Dep	partment of	Labor, U.S	S. Training and Employmen	t Service, and	I that	
office and/or Em	ployment and	Traini	ieets ng Ad	does iministrati	on region	et such st onal office	andards. I r to inspect t	iereby autr he above h	norize repre lousing at a	esentatives of the State Emany reasonable time.	ployment Ser	vice	
mployer's Signatu)					ed Name a				Date	\neg	
(COND)	(00000 Restr. 1700								20000	rate societary	12.37	15	
10. HOUSING INSPECTED BY:									1011	and a control	1-501		
Signature of Author	gnature of Authorized Official Typed										Date	-	
1)olum	John Henrich							nish, Sta	ate Mon	itor Advocate	121301	15	
1. APPROVAL:	Housing appro	00 - 00	r occ	upancy by	y worke	rs recruite	d interstate.	rstate.					
	ature of Authorized Official Typed Nam							me and Title Date					
Delue	Delua Denal						Debra Minish, State Monitor Advocate 12/30/15						

U.S. Department U.S. TRAININ	nt of Labor, G AND EM	Employ PLOYN	ment and MENT SE	Training Ad RVICE	dministration	1			ame and address of Farms of Missouri,	Inc.
EMPLOY			D HOUS		FACILIT	IES	32503	3 E. Sta	ite Route 2 MO 64701	
2. HOUSING LO							3. HOUSIN	NG DESCI	RIPTION	
32800 E. S Harrisonvi								h House		
4. SLEEP ROOM	IS	a. D	ormitory T	vpe		b Far	nily Type			
(No. & Measure	9) 1	2			1	2	3	4	ES USE (ONLY
Length	9'4	10			9'5				5. CAPACITY 11 (Adults) 11	
Width	13	13	3 11	10	14				6. REGULATIONS COMPL ("x" proper box)	IANCE Yes No
Ceiling Height									Water	
Square Feet	117.33	13	0 110	0 100	126.41				Electricity	\boxtimes
No. of Rooms									Site	\boxtimes
No. of Beds, Single									Screening	
No. of Beds or Bunks, Double								Heating		
7. FACILITIES (A	FACILITIES (Number of each)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads		
2							2			
Bathtubs	Movable Ba	Movable Bathtubs Laundry machines Fixed					Movable I	aundry		
1			1				tubs			
Cook Stoves	Refrigerator	rs	Garbage	containers	First-aid Kits	S	Fire Exting			
1	1		1		1		(No. & typ	ie)		
8. COMMENTS										
Garbage S	ervice									
EMPLOYER'S			awad the h	ousing requ	lations of the	IIC Day			0.7	
the nousing des	cribed nereil	n 🖂 m	neets	does not me	eet such star	ndards III	nereby auth	orize repr	S. Training and Employment esentatives of the State Emp any reasonable time.	Service, and that ployment Service
Employer's Signati	ure /	4	<u> </u>	Stration regi		Name a		lousing at		Date
Kerrie Staden for Carol Roth Co										1-7-15
10./HOUSING INSPECT#D BY:										~
Signature of Autho	1		Турес	Name a	nd Title			Date		
(byce Hah						усе На	POR STATES			1-7-15
11. APPROVAL:								<u> </u>		
oignature of Author	rized Official	/			Typed Name and Title Date			Date		
Joyce			Jo	Joyce Hahn 1-7-/5						

U.S. Departme	nt of Labor, Employ	ment and Training A	dministration						
	IG AND EMPLOYN						g Production LLC		
EMPLO		D HOUSING AND	FACILITI	ES		s Banne n, MO 6	er Quarry Road		
2 11011011011		ictions on Reverse)							
2. HOUSING LO					3. HOUSIN				
510 North Tipton, MO					Single	Family	/ Home		
4. SLEEP ROOM (No. & Measur		ormitory Type 3 4	1	b. Fan 2	nily Type	4	ES USE	ONLY	
Length	1511 15	14 163 15	3				5. CAPACITY (Adults) 5		
Width	10'7 10'	6 15312	10				6. REGULATIONS COMP ("x" proper box)	LIANCE Yes No	
Ceiling Height	848	12 8 9 8					Water		
Square Feet	1619 16	1 234 185	3				Electricity	X D	
No. of Rooms	11 4 ,						Site	和口	
No. of Beds, Single							Screening	南百	
No. of Beds or Bunks, Double		ldb					Heating		
7. FACILITIES (I									
Flush Toilets	Privy	Urinals	Lav. or Was	shbasins	Showerhe	eads			
)									
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laund	d laundry tubs Movable laundry tubs					
1		1							
Cook Stoves	Refrigerators	Garbage containers	First-aid Kits		Fire Exting				
	\	Carbage containers	I II St-aid Kit.	3	(No. & typ				
8. COMMENTS			,		1				
	CERTIFICATION:								
I CERTI the housing de	FY THAT I have reviewscribed herein 🔯 n	ewed the housing reguneets does not m	ulations of the neet such star	e U.S. De	partment of hereby auti	f Labor, U	.S. Training and Employmer resentatives of the State Em	nt Service, and that	
office and/or Er	mployment and Train	ing Administration reg	ional office to	inspect	the above h	nousing at	any reasonable time.		
Employer's Signa	ture	11	Турес	d Name a	nd Title	7	1 (Date	
10 110110110	Kegn			has		ags	dale	1.5-17	
10. HOUSING IN Signature of Author	•	ce Hahn	Tuna	d Name a	-d Titl-			D-4	
In In	A A A		-	d Name a lyce Ha		gram C	coordinator	Date /- 5-17	
11. APPROVAL:	Housing approved f	or occupancy by work		Joyce Hahn, Program Coordinator /- 5-/7					
Signature of Author			Typed Name and Title Date					Date	
Jon	u tel		Jo	Typed Name and Title Joyce Hahn, Program Coordinator Date (-5-17)					

U.S. Departme U.S. TRAININ EMPLOY	YER FURNI	LOYN ISHE	ment and Trai MENT SERVIO D HOUSING actions on Rever	CE S and			1. EMPLOYER'S NAME AND ADDRESS Ridgetop Farms LLC 3140 St. Hwy E Scott City, MO 63780 3. HOUSING DESCRIPTION							
3531 State Scott City,	e Hwy E	0					House		RIPTION					
4. SLEEP ROOM (No. & Measure		a. D	ormitory Type	4	1		nily Type		ES USE	ONLY				
Length	11'9	11	127	4		2	3	4	5. CAPACITY					
Width	9'9	11	1113'4						6. REGULATIONS COMF	PLIANCE Yes	No			
Ceiling Height	8	8	8						Water		No			
Square Feet									Electricity					
No. of Rooms	/	1	1						Site					
No. of Beds, Single		1	D						Screening	\boxtimes				
No. of Beds or Bunks, Double		0	199						Heating					
7. FACILITIES (A	Number of eac	h)					-							
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads						
3							.7							
							X							
Bathtubs	Movable Bath	ntubs	Laundry mach	nines	Fixed laund	lry tubs	Movable I	laundry						
)			,				tubs							
l			/											
Cook Stoves	Refrigerators		Garbage cont	ainers	First-aid Kit	s	Fire Extin	auishers						
1	/		,		í		(No. & typ		1					
(/		/		/		/							
8. COMMENTS					18									
10	ryer													
O EMPLOYEDIO	OFFICIOATI													
9. EMPLOYER'S			wod the have:		1-4'					5 300 5				
the housing des	cribed herein	M m	eets D does	ng regu	eet such stor	U.S. Dep	partment of	Labor, U.	S. Training and Employment resentatives of the State En	nt Service, and	that			
office and/or Em	nplovment and	√Traini	na Administrat	ion regi	onal office to	inenect t	he above b	norize repi	esentatives of the State En any reasonable time.	nployment Servi	ice			
Employer's Signate	ure /	1	- ig / ia/////ioccac	ion regi				lousing at	arry reasonable time.	T				
	V.	1			Typed	Name a		0		Date)	0.020			
Un	180						Fric	Soil	65	8/1/1	8			
10. HOUSING INS	. HOUSING INSPECTED BY:									1//	~			
Signature of Authorized Official Typed							nd Title			Toots				
))))								ana ^	o a valia a t	Date	0			
108	112 /V	Ter						gram C	oordinator	187-1	8			
11. APPROVAL:	Housing appro	oved for	occupancy b	y worke	ers recruited	interstate								
Signature of Author	rized Official	111	,			Name ar				Date				
Lan		1/	1					gram C	oordinator					
700	u /				Joyce Hahn, Program Coordinator									

U.S. Departmen	nt of Labo G AND E	or, Employe MPLOYM	ment and Tra	ining Ad	ministration	Rx3, LLC					
EMPLOY	ER FUI		D HOUSIN		FACILIT	IES	15825	Old Pi	ke Road O 64439		
2. HOUSING LO	CATION	(3. HOUSIN	IG DESCE	RIPTION		
603 Main S Dearborn,		439						Home			
4. SLEEP ROOM		a. Do	ormitory Type			b. Far	nily Type		F0 110F 0	NII V	
(No. & Measure) 1	2	3	4	1	2	3	4	ES USE O	NLY	
Length	12	2 13	15'7	15'6					5. CAPACITY 8		
Width	9'4	4 11	14'4	11					6. REGULATIONS COMPLI ("x" proper box)	ANCE Yes No	
Ceiling Height	8	8	8	8					Water	\boxtimes	
Square Feet	112	2.8 143	3 217.44	171.6					Electricity		
No. of Rooms	1	1	1	1					Site	\boxtimes	
No. of Beds, Single	2	1	2	3					Screening		
No. of Beds or Bunks, Double									Heating		
7. FACILITIES (A											
Flush Toilets	Privy	127	Urinals		Lav. or Wa	shbasins	Showerhe	eads			
1			n/a		1		1				
3athtubs	Movable	Bathtubs	Laundry ma	chines	Fixed laund	iry tubs	Movable I	aundry			
1	n/a		1		n/a		tubs n/a				
Cook Stoves	Refrigera	ators	Garbage co	ntainers	First-aid Kit	s	Fire Exting				
1	1		1		1		(No. & typ				
8. COMMENTS											
9. EMPLOYER'S	CERTIFIC	CATION:	- XX-10	-							
the housing des	cribed he	rein 🖂 n	neets do	es not m	eet such sta	ndards. I	hereby auti	horize repi	S. Training and Employment resentatives of the State Emp	Service, and that loyment Service	
oπice and/or En Employer's Signati		t and I rain	ing Administr	ation reg				nousing at	any reasonable time.	Data	
Typed Name and Title Kevin Rawlings, Owner Date											
10. HOUSING INS	SPECTED	BY: Joy	ce Hahn							10-11	
Signature of Autho				nd Title			Date				
Gor	14/	Har			Jo	русе На	ahn, Pro	gram C	oordinator	2-23-17	
			or occupancy	by work							
Signature of Autho	rized Offic	cial			Typed Name and Title Date			Date			
Joy	41	Tak			Jo	Joyce Hahn, Program Coordinator 223.17					

U.S. Departmen	nt of Labor,	Employ	ment and	Training A	dministration	stration 1. EMPLOYER'S NAME AND ADDRESS Rx3, LLC					
					FACILIT	IES			ke Road		
			ictions on R		AOILII		Dearb	orn, Mo	O 64439		
2. HOUSING LO	CATION						3. HOUSIN	NG DESCR	RIPTION		
603 Main S Dearborn,		39					Frame	e Home			
4. SLEEP ROOM			ormitory T			b. Fan	nily Type		FS IISI	E ONLY	
(No. & Measure	-	2		4	1	2	3	4	E CADACITY		
	12	13							(Adults) 6. REGULATIONS CO	8	
Width	9'4	11	14'	4 11					("x" proper box)	Yes	No
Ceiling Height	8	8	8	8					Water	\boxtimes	
Square Feet	112.8	14:	3 217.	44 171.6	5				Electricity	\boxtimes	
No. of Rooms	Beds.								Site	\boxtimes	
No. of Beds, Single									Screening	\boxtimes	
No. of Beds or Bunks, Double									Heating	\boxtimes	
7. FACILITIES (A	lumber of e	ach)									
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
1			n/a		1		1				
Bathtubs	Movable B	athtubs	Laundry r	nachines	Fixed laund			aundry			
1	n/a		1		n/a	n/a tubs					
Cook Stoves	Refrigerato	ırs	Garbage	containers	First-aid Kit			guishers			
1	1		1		1	(No. & type) 1 abc					
8. COMMENTS					L				2 - 200		
9. EMPLOYER'S	CERTIFICA	TION:									
I CERTIF	Y THAT I h	ave revie	ewed the h	ousing regu	lations of the	e U.S. De	partment of	f Labor, U.	S. Training and Employn resentatives of the State	nent Service, an	d that
office and/or En	ployment a	nd Train	ing Admini	stration reg	ional office to	o inspect	the above h	nonze repr nousing at	any reasonable time.	Employment Sei	rvice
Employer's Signate	ure					d Name a				Date	
heik					K	evin Ra	wlings,	Owner		3-11-1	6
10. HOUSING INS			ce Hahn								
Signature of Autho	rized Officia	1			1	d Name a		aram C	oordinator	Date	
11. APPROVAL:	Housing on	proved	or occurs	nou bu week	ers recruited			grain C	OUTUITIALUI	3-11-	16
Signature of Autho			or occupar	icy by work		d Name a				Date	
Chan.	11	h						gram C	oordinator		. (1
10400	1000									3-11-	16

U.S. Departmen					ministration		1. EMPLO	AME AND ADDRESS		
EMPLOY			D HOUSING		FACILITI	ES		Old Pi	ke Rd O 64439	
2. HOUSING LO		e Instru	ections on Rever	·se)			3. HOUSIN			
603 N. Ma Dearborn,	in	9						e home	RIP HON	
4. SLEEP ROOM			ormitory Type				nily Type		ES USE	ONLY
(No. & Measure		2		4	1	2	3	4	5 CAPACITY	ONLT
Length	12	13		156	>				(Adults) 4	DUANOE
Width	9'4	11	14.4	10					6. REGULATIONS COMF ("x" proper box)	Yes No
Ceiling Height	8	8	8	8					Water	\boxtimes
Square Feet	112.8	143	3 217.4.	171.4	e				Electricity	
No. of Rooms	No. of Rooms								Site	
No. of Beds, Single	Single 2 1 🐙 3								Screening	\boxtimes
No. of Beds or Bunks, Double									Heating	\boxtimes
7. FACILITIES (/		:h)					-			
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads		
1 1					ì					
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	ry tubs	Movable I	aundry		
1			,			tubs				
Cook Stoves	Refrigerators	;	Garbage con	tainers	First-aid Kits	S	Fire Extin	auishers		
,	/		,		/	(No. & type)				
8. COMMENTS	/					/ labc				
. = 1151 61 = 15										
9. EMPLOYER'S I CERTIF			ewed the hous	ing regul	ations of the	U.S. De	partment o	f Labor. U	S. Training and Employme	nt Service, and that
the housing des	scribed herein	⊠ n	neets doe	es not me	eet such star	ndards. I	hereby autl	horize rep	resentatives of the State Er	nployment Service
Employer's Signat		u irain	ing Administra	tion region		Name a		nousing at	any reasonable time.	Date
1 3-			16	2 5	P	1.0		3-60-10		
10. HOUSING IN:	SPECTED BY				4011	1 Man	1/10	95	2 00-13	
Signature of Author			Typed	d Name a	nd Title			Date		
Dolle	K					ate Mo	nitor Advocate	3/6/2015		
11. APPROVAL:	1117	roved f	or occupancy	by worke						
`ignature of Autho		`	,	-	Typed Name and Title					Date
Dolu.	a M	1,00		De	Debra Minish, State Monitor Advocate 3/6/2015					

U.S. Departmer U.S. TRAINING					ministration	Royal C Farms, LLC #1						
EMPLOY	ER FURNI	SHE	HOUSING	G AND	FACILIT	IES		shley 2 ett, AR				
		e Instru	ctions on Rever	se)								
2. HOUSING LO	CATION						3. HOUSIN	IG DESCF	RIPTION			
3319 Hwy Farmington		640					Barra	ck #1				
								ing Qua	arters Only			
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type 3	4	1	b. Fan	nily Type 3	4	ES USE	ONLY		
Length	40								5. CAPACITY (Adults)	0		
Width	70								6. REGULATIONS COMF ("x" proper box)	PLIANCE Yes No		
Ceiling Height									Water			
Square Feet									Electricity			
No. of Rooms									Site			
No. of Beds, Single	5								Screening			
No. of Beds or Bunks, Double									Heating			
7. FACILITIES (I		ch)			Lav. or Wa				No bathrooms, kitchen or located in this building.	laundry facilities are		
Flush Toilets	Privy		Urinals	eads	located in this building.							
Kitchen facililties are located in												
Bathtubs	Movable Bat	thtubs	Laundry mad	chines	Fixed laund	dry tubs	Movable tubs	laundry	3.			
									Laundry facilities are loca	ted in buildings 6 and		
Cook Stoves	Refrigerators	S	Garbage cor	ntainers	First-aid Ki	ts	Fire Extin		7.			
	1		3		1		4 AB	C Dry				
8. COMMENTS	-		20 20 10 100 110									
Inspected	using OSF	HA 19	910.142 re	gulatio	ons.							
Heating is	not neede	d as	workers a	re not	working	during	cold wea	ather.				
Lounge are	ea in front	of ba	rracks wit	h 2 sir	nks with p	ortable	e water.					
Wall locker 4 Smoke D		orker	s on the p	remise	es are lo	cated ir	n this bu	ilding.				
9. EMPLOYER'S						- 110 =			IC Tariria			
the housing de	scribed hereir	n 🛛 r	meets 🗌 do	es not m	eet such sta	andards. I	hereby au	thorize rep	J.S. Training and Employme presentatives of the State E t any reasonable time.			
Employer's Signa		ia rraii	iing /\difiinsu	attori reg		ed Name		nousing a	tarry reasonable time.	Date		
Vintina	Den	2			-1V	Ctor	ia I	enn.	Ś	3-21-18		
10. HOUSING IN			yce Hahn									
Signature of Auth	/				10000	ed Name		,		Date		
Joyce 9								ogram (Coordinator	3-21-18		
11 APPROVAL:			for occupancy	by work								
Signature of Auth					1	ed Name		ogram (Coordinator	Date 3-21-18		
Joyce 9	rann					оусе п	ann, Pro	ogram C	Coordinator	5-2110		
U										FORM ES-338-R2		

U.S. Department					ninistratio	n	1. EMPLOYER'S NAME AND ADDRESS						
U.S. TRAINING								C Farn shley 2	ns, LLC				
EMPLOY	ER FURNISI				FACILIT	TIES		ett, AR					
2. HOUSING LO		istruct	ions on Revers	ie)			3. HOUSIN						
3319 Hwy	00 n, MO 63640	n					Bullair	ng #2 K	itchen and Showe	r Facilities			
1 arriingtor	1, 100 00040	O					22X55	5 feet					
4 SLEEP ROOM	s a	. Dor	mitory Type			b. Fan	nily Type		F6 1161	E ONLY			
(No. & Measure		2	3	4	1	2	3	4	E CADACITY	E ONLY			
Length									(Adults)	Seats 32			
Width									6. REGULATIONS CON ("x" proper box)	MPLIANCE Yes	No		
Ceiling Height									Water	\boxtimes			
Square Feet									Electricity				
No. of Rooms									Site				
No. of Beds, Single									Screening	\boxtimes			
No. of Beds or Bunks, Double									Heating	\boxtimes			
7. FACILITIES (A	lumber of each)												
Flush Toilets	Privy		Urinals		Lav. or W	ashbasins	Showerhe	eads					
5					5		5		,				
Bathtubs	Movable Bathto	ubs	Laundry mad	hines	Fixed laur	ndry tubs							
						tubs							
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid k	(its	Fire Extin	auishers					
6	6		2	tanioro	2	· · ·	Fire Extinguishers (No. & type)						
	0						3 ABC Dry						
8. COMMENTS													
Inspected (using OSHA	19	10.142 re	gulatio	ons.								
4 picnic tab	oles, large a	rea	for prepar	ring fo	od								
5 kitchen s	INKS												
9. EMPLOYER'S					Jakiana afi	that I C Da		of Labor 1	I.C. Training and Employ	mont Sonios on	d that		
									J.S. Training and Employ presentatives of the State				
		Traini	ng Administra	ation reg				housing a	t any reasonable time.	15.			
Employer's Signat	ture ัจ			and Title		•	Date	10					
Mante 1	(em)				$\perp V$	ctor	ia D	217171	5	3-21-	18		
10. HOUSING IN		Joy	ce Hahn		T	d N	and Title			Data			
Signature of Authorized 9					1	oed Name Joyce H		ogram (Coordinator	3- 2/·/	P		
11 11				by=.1									
11/APPROVAL: Signature of Author		oved fo	occupancy	by work			ed Name and Title Date						
Joyce 9					''			ogram (Coordinator	3-21-1	8		
Joque y	1 cercer					, ,	100	0		199			

U.S. Departmen U.S. TRAINING	G AND EMP	LOYM SHEI	IENT SERVI O HOUSING	CE G AND			1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC 273 Ashley 289 Crossett, AR 71635					
2. HOUSING LO		? Instru	ctions on Rever	se)			3. HOUSIN					
3319 Hwy							E1.1 10 E E		KIPTION Kitchen/Shower F	acilities		
Farmington	n, MO 636	40					40X40) feet				
4. SLEEP ROOM	IS	a Do	ormitory Type			h Far	mily Type					
(No. & Measure		2		4	1	2	3	4		E ONLY		
Length									(Addits)	Seats 104		
Width									6. REGULATIONS CO ("x" proper box)	Yes		
Ceiling Height									Water			
Square Feet									Electricity			
No. of Rooms									Site	\boxtimes		
No. of Beds, Single									Screening	\boxtimes		
No. of Beds or Bunks, Double									Heating	\boxtimes		
7. FACILITIES (I	Number of eac	ch)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins		eads				
8					9		8					
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	dry tubs	Movable tubs	laundry				
Cook Stoves	Refrigerators	6	Garbage con	itainers	First-aid Kit	ts	Fire Extin					
5	6		2		2		3 AB	C Dry				
Inspected	× 			-								
13 picnic ta 8 kitchen s	inks		a for prep	aring t	ood 							
the housing de	FY THAT I ha scribed hereir	ve revi	meets 🗌 do	es not m	eet such sta	andards.	I hereby aut	horize rep	.S. Training and Employ resentatives of the State tany reasonable time.			
Employer's Signa	ture	>-			Туре	tor	and Title)cni	7/5	Date 3-21	-18	
10. HOUSING IN			yce Hahn									
Signature of Author	,				''	ed Name ovce H		ogram C	Coordinator	Date 3-21-	18	
11 APPROVAL:		roved	for occupancy	by work				J				
Signature of Author	orized Official			,		ed Name				Date		
Joyce H.	ahn				J	oyce H	lahn, Pro	gram C	Coordinator	3-21-	18	
00										FORM ES-3	38-R2	

U.S. Departmen					ministration	1. EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC						
	ER FURNI				EACUIT	IEC		shley 2				
LIMITEOT			tions on Reve		FACILII	IE3		ett, AR				
2. HOUSING LO	CATION						3. HOUSIN	IG DESC	RIPTION			
3319 Hwy							Barra	cks #4				
Farmingtor	n, MO 636	40					01					
								ing Qua	arters Only			
4. SLEEP ROOM (No. & Measure		a. Do	rmitory Type	4	1	b. Fan	nily Type 3	4	ES USE O	NLY		
Length	40								5. CAPACITY (Adults)	44		
Width	60								6. REGULATIONS COMPLI ("x" proper box)	IANCE Yes	No	
Ceiling Height									Water	\boxtimes		
Square Feet									Electricity	\boxtimes		
No. of Rooms									Site	\boxtimes		
No. of Beds, Single	98/2								Screening	\boxtimes		
No. of Beds or Bunks, Double	16							Heating	\boxtimes			
7. FACILITIES (Number of each) No bathrooms, kitchen or laundry facilities ar											are	
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	ins Showerheads		located in this building.			
					2				kitchen facilities are located	in buildings 2	and	
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laun	dry tubs	Movable laundry tubs		3.			
							1000		Laundry facilities are located	t in buildings (6 and	
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid Ki	its	Fire Extin		7.			
					2		(No. & typ	c Dry				
8. COMMENTS							TAB	Obly				
Inspected (using OSH	IA 19	10.142 re	gulatio	ons.							
l la ation sin s		d				1 .		ı î				
Heating is i	not neede	u as	workers a	re not	working	auring	cold wea	atner.				
Wall locker	s for all wo	orker	s on the p	remise	es are lo	cated in	this bui	lding.#	1.			
Laundry an	d kitchen	facilit	ies are in	close	proximity	y to slee	eping qu	areters	(within 100 feet).			
3 Fire/Smo									,			
9. EMPLOYER'S			word the hou	oina roa	ulations of th	a II C Da		flahaa 11	IC Training and Free laws and	· CiI	414	
the housing des	scribed herein	⊠ n	neets 🔲 do	es not m	eet such sta	andards. I	hereby aut	horize rep	J.S. Training and Employment presentatives of the State Emp	oloyment Serv	rice	
		d Train	ing Administr	ation reg				housing at	t any reasonable time.	Data		
1/.	Employer's Signature Typed Name and Title Date											
10. HOUSING IN:	SPECTED BY	· lov	ce Hahn		V	ictor	10 1	enn	,)	3-21-1	X	
Signature of Autho		. 50)	oc nam		Type	ed Name a	and Title			Date	-	
Joyce of	Yahn							gram C		3-21-1	2	
11 APPROVAL:		roved f	or occupancy	by work	ers recruite	d interstate	e.		-		<u> </u>	
Signature of Author					Туре	Typed Name and Title Date						
Joyce &	lahn				J	oyce H	ahn, Pro	gram C	Coordinator	3-21-18	8	

U.S. Departmen	nt of Labor,	Employ PLOYM	ment and Tra	ning Ad	ministration	n	EMPLOYER'S NAME AND ADDRESS Royal C Farms, LLC						
			D HOUSING		FACILIT	IES		shley 2					
			ctions on Rever		TAGILIT	0		ett, ÁR					
2. HOUSING LO	CATION						3. HOUSIN	NG DESC	RIPTION				
3319 Hwy Farmington		640					Barra	cks #5					
	.,					-	Sleep	ing qua	rters only				
4. SLEEP ROOM (No. & Measure		a. D	ormitory Type	4	1	b. Fan	nily Type 3	4	ES USE	ONLY			
Length	40								5. CAPACITY (Adults) 36	843 h			
Width	60								6. REGULATIONS COMP ("x" proper box)	PLIANCE O	No.		
Ceiling Height									Water				
Square Feet									Electricity				
No. of Rooms	1	2							Site				
No. of Beds, Single	12	7 8							Screening				
No. of Beds or Bunks, Double	18								Heating				
7. FACILITIES (A	lumber of ea	ach)							No bathrooms, kitchen or	laundry facililties a	ire		
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	located in this building.				
					2				Kitchen facilities are located in buildings 2 and				
Bathtubs	s Movable Bathtubs Laundry machines F					dry tubs	Movable laundry		3.	a in buildings 2 an	10		
							tubs		Loundry facilities are least	ad ia buildiaaa 0 a			
Cook Stoves	Refrigerato	rs	Garbage con	tainers	First-aid Ki	ts	Fire Extin	guishers	Laundry facilities are locate 7.	ed in buildings 6 ar	na		
			10000		2		(No. & type) 1 ABC Dry						
8. COMMENTS							IAD	CDIY			_		
Inspected u	using OS	HA 19	1.142 reg	ulation	ıs.								
	151					• • • • • • • • • • • • • • • • • • •							
Heating is r	not neede	ed as	workers ar	e not	working (during (cold wea	ather.					
Wall locker	s for all w	vorker	s on the p	emise	es are loc	cated in	this bui	lding.					
Laundry an 4 fire/smok	d kitchen	facilit	ies are in	close	proximity	to slee	ping qu	arters (within 100 feet).				
9. EMPLOYER'S											_		
I CERTIF	Y THAT I ha	ave revie	ewed the hous	ing regu	lations of th	e U.S. De	partment o	f Labor, U	.S. Training and Employme	nt Service, and tha	at		
office and/or En	scribed herei aployment a	n ⊠ n nd Train	neets 💹 doo ing Administra	es not m tion rea	eet such sta ional office t	indards. I o inspect	hereby autl the above h	horize rep nousing at	resentatives of the State En	nployment Service	!		
Employer's Signate						d Name a		reading an	any reasonable time.	Date	\dashv		
Victoria Dennis 3-21-18													
10. HOUSING INSPECTED BY: Joyce Hahn											\neg		
ignature of Authorized Official Typed Name and Title Date													
Joyce 9	Hahn				Jo	oyce Ha	ahn, Pro	gram C	Coordinator	3-21-18			
			or occupancy	by work	ers recruited	l interstate) .				\dashv		
Signature of Autho	,	1			- PAR	d Name a				Date	\exists		
Joyce of	rann				Jo	eyce Hahn, Program Coordinator 3-21-18							

									Budg	et Bureau No. 44	-R1358
U.S. Departmen					ministration	n	1. EMPLO	YER'S N	AME AND ADDRESS		
U.S. TRAININ	G AND EMP	LOYN	IENT SERVI	CE					ns, LLC		
EMPLOY	ER FURNI	SHE	D HOUSING	G AND	FACILIT	IES		shley 2			
	(See	e Instru	ctions on Rever	se)			Cross	ett, AR	/1635		
2. HOUSING LC	CATION						3. HOUSIN	NG DESC	RIPTION		
3319 Hwy	00					1	Launc	dry Faci	lity #6		
Farmingto		640				İ	Eddire	,	mey mo		
4. SLEEP ROOM		a. Do	ormitory Type			b. Fan	nily Type		T ===		
(No. & Measure	9) 1	2	3	4	1	2	3	4	ES USE	ONLY	
Length									5. CAPACITY (Adults)		
Width									6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No
Ceiling Height									Water	\boxtimes	
Square Feet									Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds, Single									Screening	\boxtimes	
No. of Beds or Bunks, Double								Heating	\boxtimes		
7. FACILITIES (I		ch)									
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable I	aundry			
			4			.,	tubs	,			
2											
Cook Stoves	Refrigerators	3	Garbage con	tainers	First-aid Ki	t-aid Kits Fire Extinguishers (No. & type)					
							(110. diy	,0,			
8. COMMENTS											
Inspected (usina OSH	IA 19	10.142 red	nulatio	ns						
	acing co.	.,	10.112.10	garatic	,,,,						
Heating is	not neede	d as	workers ar	e not	working	during t	he cold	weathe	er.		
9. EMPLOYER'S	CERTIFICAT	ION:	NA PLE								
I CERTIF	Y THAT I hav	ve revie	ewed the hous	ing regu	lations of th	e U.S. De	partment o	f Labor, U	.S. Training and Employmer	nt Service, and	that
the housing des			neets doe	es not m	eet such sta	andards. I	hereby aut	horize rep	resentatives of the State Em	ployment Serv	rice
Employer's Signat		a main	ing Administra	ittori reg		ed Name a		lousing at	arry reasonable time.	Date	
1/-1.	V . S				17.	1	7			1277	10
10. HOUSING IN	(. I=.	I I-b		Vi	CTONIC	1 1)0	nn.5		3-21-	18	
Signature of Author		: Joy	ce Hahn		T	d Name o	- 1 T'H -			-	
Douce of	,					Name a		aram C	Coordinator	Date	
11								granic	allialui	3-21-17	8
16. APPROVAL: Signature of Author		roved f	or occupancy	by work						Tp.,	
						Name a		aron- C	oordinate:	Date	
Joyce A	ann					Joyce Hahn, Program Coordinator 3-21-18					
00											

U.S. Departmer					lministration				AME AND ADDRESS	et Bureau No. 44	-R1358
	ER FURN	SHE	D HOUSING	S AND	FACILITI	ES	273 A	Ashley 2 sett, AR			
2. HOUSING LO	CATION						3. HOUSII	NG DESCR	RIPTION		
3319 Hwy Farmingto		640					Laund	dry Faci	lity #7		
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type	4	1 1	b. Fan	nily Type		ES USE	ONLY	
Length	7		3	4	'		3	4	5. CAPACITY (Adults)		
Width									6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No
Ceiling Height									Water	□ I es	
Square Feet						3000			Electricity		
No. of Rooms									Site		
No. of Beds, Single	ngle o. of Beds or						Screening				
No. of Beds or Bunks, Double	No. of Beds or Bunks, Double								Heating	\boxtimes	
7. FACILITIES (1	FACILITIES (Number of each)							-			
Flush Toilets	Privy		Urinals		Lav. or Was	hbasins	Showerh	eads	1		
Bathtubs	Movable Bat	htubs	Laundry mac	hines	Fixed laund	ry tubs	Movable	laundry			
			45		1		tubs				
Cook Stoves	Refrigerators	3	Garbage con	tainers	First-aid Kits	5	Fire Extir (No. & ty)				
8. COMMENTS											
Inspected (using OSH	IA 19	10.142 reg	gulatio	ons						
Heating is	not neede	d as	workers ar	e not	working o	luring t	he cold	weathe	er.		
the housing des	Y THAT I have cribed herein	ve revie	neets 🔲 doe	s not m	eet such star	ndards. I I	hereby aut	horize rep	.S. Training and Employmer resentatives of the State Em	nt Service, and aployment Serv	that ice
Employer's Signat						d Name a				Date	
Vinta Dear							a D	ennie		3-21-1	8
10. HOUSING IN	SPECTED BY	': Joy	ce Hahn								
Signature of Author	orized Official				Турес	Name a	nd Title			Date	
Joyce A						-		ogram C	Coordinator	3-21-1	12
11/APPROVAL: Housing approved for occupancy by workers recruited interstate.											
Signature of Author	•				, ,	Name a				Date	
Joyce &	ahn				Jo	yce Ha	ahn, Pro	gram C	Coordinator	3-21-1	18

U.S. Departmen	nt of Labor, E G AND EMF	Employ	ment and Tra	ining Ac	dministration	n			AME AND ADDRESS	oget Bureau No. 44-F	X 135
			D HOUSIN		FACILIT	IES		Ashley 2			
			ctions on Rever			0	Cross	sett, ÅR	71635		
2. HOUSING LC	CATION						3. HOUSI	NG DESC	RIPTION		
Family Lim 920 5 th St. Park Hills,			Cattle Com	ipany)				ck Style en/Bath	e Sleeping Area Area		
4. SLEEP ROOM (No. & Measure		a. D	ormitory Type		1		nily Type	T .	ES USE	ONLY	
Length	39'7	2	3	4	1	2	3	4	5. CAPACITY 3	6	
Width	63'8								6. REGULATIONS COM		
Ceiling Height	8								("x" proper box) Water	Yes	No
Square Feet	2533					-			Electricity		
No. of Rooms	1								Site		
No. of Beds,	36								Screening		$\frac{\square}{\Box}$
No. of Beds or	No. of Beds or Bunks, Double				-				Heating		
	FACILITIES (Number of each)									<u> </u>	
Flush Toilets								eads	60'7 X 39'7 Recreation a	nd Eating Area	
8					10		8	1013013	,		
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable I	laundry			
			3				tubs				
Cook Stoves	Refrigerators	,	Garbage con	tainers	First-aid Kit	ts	Fire Extin				
4	7		12		1		(No. & typ	pe)			
8. COMMENTS									-		_
Inspected u	ising OSF	IA 19	10.142 re	gulatio	ns						
Heating is r	not neede	d as v	workers ar	e ot w	orkina dı	irina ca	old weat	her			
				0 01 11	orning at	aring oc	na weat	1101.			
Lockers ava	allable for	eacn	worker.								
6 picnic tab	les for eat	ing.	4 smoke/f	ire det	tectors.						
9. EMPLOYER'S											
I CERTIF	Y THAT I have	e revie	wed the hous	ing regu	lations of the	e U.S. De	partment o	f Labor, U.	S. Training and Employme	ent Service, and the	at
office and/or Em	ployment and	d Traini	ng Administra	tion regi	eet such sta onal office to	ndards. 11 o inspect t	nereby auti the above h	norize repr nousing at	resentatives of the State E any reasonable time.	mployment Service	е
Employer's Signatu						d Name a		1		Date	
Vinter Dans						ictor	rica	Del	211,5	3-21-12	
10. HOUSING INS		: Joy	ce Hahn								
Signature of Author	/ /					d Name a				Date	
Joyce H						1000 market 1000 m		gram C	oordinator	3-21-18	
19. APPROVAL: Signature of Author		oved fo	or occupancy	by worke							
	/					d Name a		~~~~		Date	
Joyce H	ann				30	усе па	IIII, Pro	gram C	oordinator	3-21-18	

U.S. Departmen					lministration	n			AME AND ADDRESS			
	ER FURNI				FACILIT	IEG		shley 2	ns, LLC 89			
LIVII LOT			ctions on Re		PACILIT	IE3		ett, AR				
2. HOUSING LO	CATION						3. HOUSIN	IG DESCI	RIPTION			
3319 Hwy		40					Buildir	ng #3I	Kitchen/Shower	Facilities		
Farmingto	n, MO 636	40					40X40) feet				
4. SLEEP ROOM (No. & Measure			ormitory Ty		1		nily Type		ES US	SE ONLY		
Length	9) 1	2	3	4	1	2	3	4	5. CAPACITY	Seats 104		
Width									(Adults) 6. REGULATIONS CO	OMPLIANCE		No.
Ceiling Height									("x" proper box) Water		Yes_	No
Square Feet									Electricity			
No. of Rooms									Site		\boxtimes	
No. of Beds, Single	lingle lo. of Beds or							Screening	[X		
No. of Beds or Bunks, Double	unks, Double							Heating		\boxtimes		
7. FACILITIES (A	ACILITIES (Number of each)											
Flush Toilets	Privy	Urinals		Lav. or Wa	shbasins	Showerhe	eads					
8					9		8					
Bathtubs	Movable Bat	htubs	Laundry n	achines	Fixed laund	dry tubs	Movable I	laundry				
							tubs					
Cook Stoves	Refrigerators		Garbage o	ontainers	First-aid Ki	ts	Fire Extin	quishers				
5	6		2	ontamoro	2		(No. & typ	oe)				
8. COMMENTS							3 AB	C Dry				
Inspected (using OSH	IA 19	10.142	egulatio	ons							
				Ū								
13 picnic ta		e are	a for pre	paring	000							
8 kitchen s	inks											
9. EMPLOYER'S I CERTIF			ewed the h	ousina rea	ulations of th	e U.S. De	partment o	f Labor U	.S. Training and Emplo	vment Service	and	that
the housing des	scribed herein	⊠ r	neets	does not m	neet such sta	andards. I	hereby aut	horize rep	resentatives of the Stat	e Employment	Serv	ice
		Irain	ing Admini	stration reg		o inspect		housing at	any reasonable time.	Date		
Employer's Signature								Prie	FLOW	37	7-1	7
10. HOUSING IN	SPECYED BY	: Joy	ce Hahn				(()		3 €			1
Signature of Author	orized Official	//			Туре	ed Name a	and Title			Date		
ba	see X	fol			J	oyce H	ahn, Pro	gram C	coordinator	3-7	-1	7
11. APPRØVAL:	Housing app	//	or occupan	cy by work	ers recruited	d interstate	Э.					
Signature of Author	orized Official)	1	/			d Name a		le:		Date		
Signature of Authorized Official)						oyce H	ahn, Pro	gram C	coordinator	3-7.	-1-	7

	U.S. Departme U.S. TRAININ	nt of Labor, E	mploy	ymen	nt and Trai	ining A	dminist	tration				AME AND ADDRESS	3ureau No. 4	14-R13
		YER FURN) EAC		F0		C Fari	ms, LLC		
1	0				ns on Rever		FAC	·ILIII	ES			71635		
Ì	2. HOUSING LO					50)				3. HOUSII				
	3319 Hwy Farmingto		640								dry Fac			
-	4. SLEEP ROOM		a. D	ormi	tory Type				b. Far	nily Type				
F	(No. & Measure	9) 1	2		3	4	#	1	2	3	4	ES USE ON	LY	
F	Length											5. CAPACITY (Adults)		
F	Width											6. REGULATIONS COMPLIA ("x" proper box)	NCE Yes	No
L	Ceiling Height											Water	\boxtimes	
L	Square Feet											Electricity	\boxtimes	
	No. of Rooms											Site		Ħ
	No. of Beds, Single							\exists				Screening		一
	No. of Beds or Bunks, Double											Heating	$\overline{\boxtimes}$	
7		ACILITIES (Number of each)												
F	lush Toilets						Lav. o	r Wash	hbasins	Showerhe	ads			
		L T 7 L												
E	Bathtubs	Movable Bath	ntubs	Lau	indry mach	nines	Fixed	laundn	v tubs	Movable la	aundry			
				4					, 1000	tubs	aunury			
C	Cook Stoves	Refrigerators		Gar	bage cont	ainers	First-a	id Kite		Fire Exting	wiehere			
		-					,o. a	id Milo		(No. & typ				
8	COMMENTS													
	Inspected u	sina OSH	A 19	10	142 rea	ulatio	ne							
	Heating is r	ot needed	as v	wor	kers are	e not v	worki	ng du	uring t	he cold v	weathe	r.		
_	EMPLOYER'S	CEDTIFICATIO	201											
J .	I CERTIF	Y THAT I have	e revie	wed	the housir	na reaul	ations o	of the l	US Der	artment of	Lahor II	S. Training and Employment Se	naine and	46-4
9	and modeling door	SIDEU HEIEHI		CCIS	1 10000	i norme	PAT CITCE	n etano	TOTAL IN	Oroby outh	ARIZA FARE		ment Serv	rice
Ēr	nployer's Signatu	rie and	Hallin	ily A	ummstrati	on region	nai om	Typed I	nspect to Name ar	ne above he	ousing at	any reasonable time.	<u> </u>	
	Wit	TR -					1	10700		LA	Pro	HPV Da	1e 3 - 7-	1
0	. HOUSING INS	PECTED BY:	doyo	ce Ha	ahn				-00		1,0			()
Sig	gnature of Author	ized Official/	//				Т	yped I	Name an	d Title		Da	te	
<	Loy	uft						Joy	се На	hn, Prog	gram Co	pordinator 3	-7-17	
	. APPROVAL. I	Housing appro	ved fo	roco	cupancy by	y worke	rs recru	uited in	terstate.				- 1	
ìį	gnature of Author	ized Official	1	,			Т	yped N	Name an	d Title		Dat	e	
	Segatel							Joy	ce Ha	hn, Prog	ram Co	pordinator	3-7-1	7

U.S. Departmen	nt of Labor, E G AND EMP	mploy LOYN	ment and Tra	ining Ad	lministration	1	752-10		AME AND ADDRESS	iget Bureau No. 4	4-R135
	ER FURNI				FACILIT	IFS		shley 2			
1			ctions on Reve		TAGILIT			ett, ÁR			
2. HOUSING LC	CATION						3. HOUSIN	NG DESC	RIPTION		
3319 Hwy	00						Buildii	na #2 K	itchen and Shower	Facilities	
Farmingto	n, MO 636	40							atonom and onower	acilities	
							22X55	5 feet			
4. SLEEP ROOM (No. & Measure			ormitory Type				nily Type		ES USE	ONLY	
Length	9) 1	2	3	4	1	2	3	4	5 CADACITY		
					-				(Adults)	eats 32	
Width									6. REGULATIONS COM ("x" proper box)	PLIANCE Yes	No
Ceiling Height									Water	\boxtimes	
Square Feet									Electricity		
No. of Rooms									Site	\square	
No. of Beds, Single	Single No. of Beds or								Screening		一一
No. of Beds or Bunks Double	No. of Beds or Bunks, Double							Heating		一一	
	ACILITIES (Number of each)										
Flush Toilets					Lav. or Was	shbasins	Showerhe	ads			
5					5		5				
Bathtubs	Movable Bath	ntube	Loundayman	hi							
Datinaba	Wovable Bati	itubs	Laundry mad	nines	Fixed laund	ry tubs	Movable la	aundry			
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	s	Fire Exting				
6	6		2		2		(No. & typ 3 AB(All Comments			
8. COMMENTS							07.2	J D. J			
Inspected u	sing OSH	A 19	10.142 reg	gulatio	ns.						
4 picnic tab	les, large	area	for prepar	ing to	od						
5 kitchen si	nks										
9. EMPLOYER'S	CERTIFICATI	ONI									
I CERTIF	Y THAT I hav	e revie	wed the hous	ing regul	ations of the	U.S. De	partment of	Labor, U.	S. Training and Employme	ent Service, and	that
the nousing des	cribed nerein	∠ m	eets doe	s not me	et such star	ndards. H	nereby auth	orize repr	esentatives of the State Er any reasonable time.	mployment Ser	vice
Employer's Signatu	ng Administra	tion region		Name a		ousing at	any reasonable time.	Date			
Woll						ONL	D.	212	L pu	3-7.	17
10. HOUSING IN	ce Hahn			Orti	() (/	90 1	1 (1)		1/		
Signature of Author			Турес	Name a	nd Title			Date	-		
Chris	_					gram C	oordinator	3.7-1	7		
11. APPROVAL:	Housing appro	oved fo	or occupancy	y worke						17-1	
Signature of Author		/				Name a				Date	-
Long		Jo	усе На	hn, Prog	gram C	oordinator	3-7-1	7			

U.S. Departmen	nt of Labor, E	mployi	nent and Trai	ning Ad	ministration	1			AME AND ADDRESS	et Bureau No. 44	-1(1000
	ER FURNI				FACILIT	IFS		shley 2	ns, LLC #1 89		
			ctions on Rever		AOILII		Cross	ett, ÁR	71635		
2. HOUSING LO	CATION						3. HOUSIN	IG DESCI	RIPTION		
3319 Hwy							Barra	ck #1			
Farmington	n, MO 636	40									
								ing Qua	arters Only		
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type	4	1	b. Far	nily Type 3	4	ES USE	ONLY	
Length	40								5. CAPACITY (Adults) 50		
Width	70								6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No
Ceiling Height									Water	\boxtimes	
Square Feet									Electricity	\boxtimes	
No. of Rooms No. of Beds,									Site		
Single									Screening		
Bunks, Double 25									Heating		
	7. FACILITIES (Number of each)								No bathrooms, kitchen or l	aundry facilities	s are
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	located in this building.		
									Kitchen facililties are locate	ed in buildings	2 and
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable I	aundry	3.		
							tubs		Laundry facilities are locate	ad in buildings	6 and
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	ts	Fire Extin	guishers	7.	a in buildings	o and
	1		3		1		(No. & typ	e)			
8. COMMENTS							4 AB	C Dry			
Inspected (ising OSH	ΙΔ 10	10 1/2 re	rulatio	ne						
mopeoted	Janing Ooi	IA 13	10.14216	guiatic	1115.						
Heating is	not neede	d as	workers ar	e not	working (during	cold wea	ather.			
Lounge are	a in front	of ba	rracks with	n 2 sin	ks with p	ortable	water.				
Mall looker	e for all w	arkar	on the n	omio	o oro los	otod in	thin hui	امانمم			
Wall locker 4 Smoke D	etectors.	JIKEI	s on the pi	emise	es are loc	ated in	triis bui	iaing.			
9. EMPLOYER'S											
I CERTIF	FY THAT I having scribed herein	/e revie	ewed the hous	ing regues	lations of the	e U.S. De indards 1	partment of hereby aut	f Labor, U horize ren	.S. Training and Employmer resentatives of the State Em	nt Service, and	that vice
office and/or En	nployment and	d Train	ing Administra	tion reg	ional office t	o inspect	the above I	nousing at	any reasonable time.		
Employer's Signature Typed Na								0.	Hor	Date	
Way Wo.								100	MOV	15-7-1	
10. HOUSING IN		: Joy	ce Hahn							T= -	
Signature of Author	orized Official/	/	1			d Name a		arom C	Coordinator	Date	
(fory)	- K	6						grain C	Coordinator	2-1-1	/
11. APPROVAL: Signature of Author	Housing approprized Official	roved f	or occupancy	by work		l interstate d Name a				Date	
Line		1			, ,			gram C	Coordinator	371	7
7090	LHO					-, -, -, -, -, -, -, -, -, -, -, -, -, -	,	5		1711	

U.S. Departmen	nt of Labor, E	mploy	ment and Tra	ining A	lministration	1			AME AND ADDRESS	20 110. 41	111000
								C Farr shley 2	ns, LLC		
EMPLO	ER FURN		ctions on Revei		FACILIT	IES		ett, AR			
2. HOUSING LO		e msiru	ctions on Rever	se)				160			
							3. HOUSIN				
3319 Hwy Farmington		4 0					Launc	ry Faci	lity #7		
- ag.o.	,	-10									
4. SLEEP ROOM	IS	a. D	ormitory Type		1	h Fan	nily Type				
(No. & Measure		2		4	1	2	3	4	ES USE ONLY	Š	
Length									5. CAPACITY (Adults)		
Width									6. REGULATIONS COMPLIANC ("x" proper box)	E Yes	No
Ceiling Height				-					Water	\boxtimes	
Square Feet									Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds, Single	Single No. of Beds or							Screening	\boxtimes		
No. of Beds or Bunks, Double	Bunks, Double							Heating	\boxtimes		
7. FACILITIES (A	FACILITIES (Number of each) sh Toilets Privy Urinals La						-				
Flush Toilets	1 = 1					shbasins	Showerhe	eads			
	Dilets Privy Urinals L										
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	Iry tubs	Movable I	aundry			
			4		1		tubs				
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	s	Fire Exting	guishers			
							(No. & typ	ie)			
8. COMMENTS											- **
Inspected ι	using OSH	A 19	10.142 re	gulatio	ns						
Heating is r	not neede	d as	workers ar	e not	working o	during t	he cold	weathe	r.		
9. EMPLOYER'S I CERTIF			wed the hous	ing regu	lations of the	alls De	nartment of	Flabor II	S. Training and Employment Serv	ioo ond	46.04
the housing des	cribed herein	⊠ n	neets 🔲 doe	es not m	eet such star	ndards. I I	hereby auth	norize repi	resentatives of the State Employm	ent Serv	ice
office and/or Em	nployment and	Train	ng Administra	tion reg	onal office to	inspect t	he above h	nousing at	any reasonable time.		
Employer's Signature						d Name a	nd Title	Pir	Date	~ ·	
10. HOUSING INSPECTED BY: Joyce Hahn						NO	MUN	100	JA OV	1-1)
Signature of Autho		Joy	ce Hann		Type	d Name a	nd Title		ID-4-		
orginature di Futirio	nzed Omisiai						aram C	oordinator Date	7 /	_	
11 APPROVA	Halis						grain C	Outuillatoi 5	-1-1		
11. APPROVAL: Signature of Autho	Housing appr	oved for	or occupancy	by work					The state of the s		
S. G. G. G. G. G. G. G. G. G. G. G. G. G.	nace Onicial	1				Name a		nram ∩	oordinator Date	7	7
Loy	Goyafel						, F10	grain C	Soluliator 3	1-1	

U.S. Departme	nt of Labor, E	mploy	ment an	d Trai	ning Ac	lministratio	on			AME AND ADDRESS	jet bureau No. 44	1-R135
U.S. TRAININ										ms, LLC		
EMPLO	YER FURN	ISHE	D HOL	JSINC	3 AND	FACILI	TIES		Ashley 2	289 8 71635		
		e Instru	ctions or	Rever.	se)			Cross	sell, Ar	(71035		
2. HOUSING LO								3. HOUSIN	NG DESC	RIPTION		
3319 Hwy								Barra	cks #4			
Farmingto	n, MO 636	540						01				
								Sleep	ing Qu	arters Only		
4. SLEEP ROOM (No. & Measure		a. D	ormitory	Type 3	4	1		nily Type		ES USE	ONLY	
Length	40			3	4	-	2	3	4	5. CAPACITY 40)	
Width	60									6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No
Ceiling Height							1			Water		
Square Feet										Electricity	\boxtimes	
No. of Rooms										Site	\boxtimes	
No. of Beds, Single	ingle 6 o. of Beds or 16									Screening	\boxtimes	
Bunks, Double	1 16 1									Heating	\boxtimes	
		:h)								No bathrooms, kitchen or l	aundry facilities	s are
Flush Toilets	Privy		Urinals			Lav. or W	ashbasins	Showerhe	eads	located in this building.		
						2				kitchen facilities are located	d in buildings O	
Bathtubs	Movable Bat	htubs	Laundr	y mach	nines	Fixed laur	ndry tubs	Movable I	laundry	3.	ın bullalıngs 2	and
!								tubs	•			
Cook Stoves	Pofrigoratora		0							Laundry facilities are locate	ed in buildings (6 and
COOK Stoves	Refrigerators		Garbag	e cont	ainers	First-aid K	its	Fire Exting		7.		
5						2		100	C Dry			
8. COMMENTS				-							***	
Inspected (using OSH	A 19	10.14	2 reg	ulatio	ns.						
200 March 1990 1990 1990 1990 1990 1990 1990 199												
Heating is i	not needed	d as v	worke	rs are	e not	working	during o	old wea	ther.			
Wall locker	s for all we	rker	e on th	o nr	emice	e ara la	catad in	thio bui	ldina #	4		
11411100101	o for all we	JI KOK	3 011 (1	ie pi	CIIIISC	s ale lu	cateu III	uns bui	idirig.#	I.		
Laundry an 3 Fire/Smo	d kitchen t	facilit ors	ies are	e in c	lose	proximit	y to slee	ping qua	areters	(within 100 feet).		
9. EMPLOYER'S	CERTIFICATI	ON.										
I CERTIF	Y THAT I hav	e revie	wed the	housi	ng regu	lations of th	ne U.S. De	partment of	f Labor, U	S. Training and Employmen	it Service, and	that
the housing des	cribed herein	∠ m	eets	does	s not me	eet such sta	andards, II	nereby auth	norize rep	resentatives of the State Em	ployment Servi	ice
Employer's Signate		· main	ng Admi	illotiat	ion regi		ed Name a		Ousing at	any reasonable time.	Date	
100							1110	10/10	Pr	10 IPO	2-41	_
10. HOUSING INS	1 104	ce Hahn	2			000	VIIVI	1 /	170	2 [)	
Signature of Autho		7 009	oc mann			Type	ed Name a	nd Title			Dete	
(In	1	-						gram ∩	oordinator	Date 3-7-1-	7	
11. APPROVAL:	Housing appr	oved f	VF 000:::	anov b	N. 1640 -14-				9.41110	- Columbia	J- 1-1	
Signature of Autho		/	л оссир	ancy D	y WORKE		d interstate ed Name ar				Data	
Con	1. 11.	1				1.000			gram C	oordinator	Date 3 7 1 -	,
	/				0	-, 110	,	9, 4, 11	oo. aii iatoi	ブー [- [1 1	

V. C =									Bu	dget Bureau No. 4	14-R13
U.S. Departme U.S. TRAININ	ent of Labor,	Employ	yment and T	raining A	dministr	ration	1		NAME AND ADDRESS		
. 1	YER FURN				5 540			al C Far Ashley	ms, LLC		
			uctions on Re		J FAC	ILITIES	Cros	sett. AF	269 R 71635		
2. HOUSING LO			actions on he	verse)		-			CRIPTION		
3319 Hwy											
Farmingto		640					Barra	acks #5)		
							Sleep	oing qua	arters only		
4. SLEEP ROOM (No. & Measur			ormitory Ty	pe		b. Fa	mily Type		· · ·		
Length	re) 1 40	2	2 3	4	1	2	3	4	ES USE	ONLY	
		-							5. CAPACITY (Adults) 3		
Width	60								6. REGULATIONS COM ("x" proper box)	PLIANCE Yes	No
Ceiling Height									Water		
Square Feet									Electricity	\square	
No. of Rooms	1	2							Site		一
Single	No. of Beds, Single 14 8 No. of Beds or Bunks, Double 7								Screening	\boxtimes	
Bunks, Double 7									Heating	\boxtimes	П
7. FACILITIES (Number of each)									No bathrooms, kitchen or		20 20
Flush Toilets	Privy		Urinals		Lav. or	Washbasins	Showerh	eads	located in this building.	ladinary lacilitie	os aic
					2				Vii-1 (- 1111		
Bathtubs	Movable Bat	htubs	Laundry ma	achines	Fixed la	aundry tubs	Movable	laundry	Kitchen facilities are locate 3.	ed in buildings 2	2 and
							tubs	•			
Cook Stoves	Refrigerators	3	Garbage co	ontainers	First-aid	l Kite	Fire Extin	guighore	Laundry facilities are locat	ed in buildings	6 and
			3		2	11113	(No. & typ	guisners pe)			
8. COMMENTS							1 AB	C Dry			
	ining OCI	14 40	4.440								
Inspected u	ising OSF	IA 19	1.142 re	gulation	IS.						
Heating is r	not neede	d as v	workers a	are not	workin	g during	cold wea	ther.			
Wall lockers	s ioi ali wo	orkers	s on the p	premise	s are	located in	this bui	lding.			
Laundry and 4 fire/smoke	d kitchen i	facilit	ies are in	close	oroxim	ity to slee	ping qua	arters (within 100 feet).		
9. EMPLOYER'S											
I CERTIF	Y THAT I hav	e revie	wed the hou	ising regu	lations o	f the U.S. De	partment of	Labor, U.	S. Training and Employmen	nt Service and	that
									esentatives of the State En any reasonable time.	ployment Servi	ice
Employer's Signate	ire		ng / tarrimist	ation regi	Ty	ped Name a	nd Title	_	- /	Date	
Wot	M				1 1		Pro.	Hal	Date		
10. HOUSING INS	HOUSING INSPECTED BY: Joyce Hahn										
Signature of Authorized Official , Typed Name and Title Date											\dashv
10	ya x	tac	_					gram C	oordinator	3-7.1	7
1. APPROVAL:	Housing appr	oved fo	r occupancy	by worke	rs recrui					0 (1)	\leftarrow
Signature of Author	ized Official	/				ped Name a				Date	-
Myc	e Hz	•			Joyce Ha	hn, Prog	gram Co	oordinator	7-7-1	7	

								Buc	iget Bureau No. 44	1-R13	
U.S. Departme U.S. TRAININ	ent of Labor, I	Employ	yment and T	raining A	dministrati	ion			NAME AND ADDRESS		
- 1	YER FURN				DEACH	ITIEO	Roya	ll C Far Ashley :	ms, LLC #1		
			uctions on Re		J PACILI	IIIES			R 71635		
2. HOUSING LO							3. HOUSII	NG DESC	RIPTION		
Family Lin 920 5 th St. Park Hills,			Cattle Co	mpany)		Barra		e Sleeping Area		
4. SLEEP ROOM		a. D	ormitory Typ	е		b. Fa	mily Type		1		
(No. & Measur	<u> </u>	2	3	4	1	2	3	4	ES USE	ONLY	
Length	39'7	-							5. CAPACITY (Adults) 36		
Width	63'8								6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes	No
Ceiling Height	8								Water	\boxtimes	T
Square Feet	2533								Electricity		〒
No. of Rooms	1								Site		F
No. of Beds, Single	36					1			Screening		一
	No. of Beds or Bunks, Double FACILITIES (Number of each)								Heating		믐
The second secon	FACILITIES (Number of each)									Ш	
Flush Toilets						ashbasins	Showerhe	eads	60'7 X 39'7 Recreation an	d Eating Area	
8					10		8				
Bathtubs	Movable Bat	htubs	Laundry ma	chinos		-d4.b-					
			3	Cillies	Fixed laur	iory tubs	Movable I tubs	aundry			
Cook Stoves	Refrigerators										
4	7		Garbage co	ntainers	First-aid K	lits	Fire Exting				
			12		1		6				
8. COMMENTS					1/65 4						
Inspected u	ising OSH	A 19	10.142 re	gulatio	ns						
Heating is r	not needed	d as v	workers a	re ot w	orking d	lurina co	old weath	ner			
Lockers ava											
LOCKCIS ave	allable 101	eacn	worker.								
6 picnic tab	les for eat	ing.	4 smoke/	fire det	ectors.						
9. EMPLOYER'S	CERTIFICATI	ON:									
I CERTIF	Y THAT I hav	e revie	wed the hou	sing regu	ations of th	ne U.S. Der	partment of	Labor U	S. Training and Employmer	nt Service, and th	hat
									 Iraining and Employment resentatives of the State Emany reasonable time. 	ployment Servic	e e
mployer's Signatu	ije	1101111	ng / torrillinou	ation regi	Type	ed Name a	ne above no	ousing at	any reasonable time.	Dete	
World						U DIA	I THE	dot	ta	Date	7
0. HOUSING INS	PECTED BY:	e Hahn			OVI		70-1	TEV .	211	4	
ignature of Author	ized Official	/			Туре	d Name ar	nd Title			Date	\dashv
lou	u Ha							ram C	oordinator	3.7.1-	7
1. APPROVAL:	Housing appro	oved fo	r occupancy	by worke						5 1-1	/
ignature of Author	APPROVAL: Housing approved for occupancy by workers regnature of Authorized Official						d Title			Date	\dashv
Joyce Let					Jo	оусе На	hn, Prog	ram Co	oordinator	3-7-17	,

U.S. Departmen					ministratio	n			AME AND ADDRESS		
U.S. TRAINING					E40!! !T			C Farr shley 2	ns, LLC #1		
EWIPLOY	ER FURNI		ctions on Rever		FACILII	IES		ett, AR			
2. HOUSING LO		. 111517 64	chors on hever				3. HOUSIN	IG DESCI	RIPTION		
3319 Hwy	00						Barra				
Farmington		40							9 22 33		
							-	ing Qua	arters Only		
4. SLEEP ROOM (No. & Measure	-	a. Do	ormitory Type	4	1	b. Fan	nily Type 3	4	ES USE	ONLY	
Length	40								5. CAPACITY 50 (Adults)		
Width	70								6. REGULATIONS COMP ("x" proper box)	LIANCE Yes	No
Ceiling Height					 	 			Water		
Square Feet									Electricity		百
No. of Rooms					1		1		Site	$\overline{\boxtimes}$	一
No. of Beds, Single									Screening	\square	$\overline{\Box}$
No. of Beds or Bunks, Double						Heating		一			
7. FACILITIES (A		:h)					1		No bathrooms, kitchen or I	aundry facilities	are
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerhe	eads	located in this building.	,	
									Wik-h \$1114i tt-	- d i - b ii di 6	0
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laun	dry tubs	Movable	laundry	Kitchen facililties are locate 3.	ea in buildings 2	2 and
			•				tubs	•			
Cook Stoves	Refrigerators		Garbage cor	tainers	First-aid K	ito	Fire Extin	quichere	Laundry facilities are locate 7.	ed in buildings 6	3 and
COOK Gloves	/	•	_	itallicis		11.5	(No. & typ				
	1		3		1		14 AB	C Dry			
8. COMMENTS				au 1956							
Inspected ι	using OSF	IA 19	10.142 re	gulatio	ns.						
Heating is i	not neede	d as	workers a	re not	working	during	cold wea	ather.			
Lounge ore	a in frant	of ho		- O -i-	مطافلت معا						
Lounge are	a in front	or ba	rracks wit	n Z Sin	iks with p	oortable	water.				
Wall locker	\$ 100			remise	es are lo	cated in	this bui	ilding.			
	ce dete		2~								
EMPLOYER'S I CERTIF			ewed the hous	sina reau	lations of th	ne U.S. De	epartment o	of Labor, U	J.S. Training and Employmen	nt Service, and	that
the housing des	scribed herein	⊠r	neets 🗌 do	es not m	eet such st	andards. I	hereby aut	horize rep	presentatives of the State Ent any reasonable time.		
Employer's Signat		u ITalli	ing Administra	ation reg		ed Name a		nousing a	t any reasonable time.	Date	
19	10	1	1		W	, (1-0	0	181111501	4-1-11	
10. HOUSING IN	SPECTED BY	': Joy	ce Hahn				Lugs		242101861		
Signature of Author	orized Official	,			Тур	ed Name a	and Title		**************************************	Date	
Class	e Ha	chr	~		J	oyce H	ahn, Pro	gram (Coordinator	4-1-16	,
11. APPROVAL	Housing app	roved 1	or occupancy	by work	ers recruite	d interstat	е.				
Signature of Author	rized Official	/				ed Name a				Date	
(Loras	, Ha	·	_		J	oyce H	ahn, Pro	gram (Coordinator	4-1-16	

U.S. Departmen	Accession of the second of the			-	ministration	ı			AME AND ADDRESS		
U.S. TRAINING	ER FURNI				EACH IT	IEG		shley 2	ns, LLC 89		
LIVIPLOT			ctions on Reve		PACILIT			ett, ÁR			
2. HOUSING LO	CATION						3. HOUSIN	IG DESCR	RIPTION		
3319 Hwy		40					Barra	cks #4			
Farmingtor	1, MO 636	40					Sleepi	ing Qua	arters Only		
4. SLEEP ROOM			mitory Type		T,	b. Fan	nily Type		ES USE OI	NLY	
(No. & Measure	40	2	3	4	11	2	3	4	5. CAPACITY 40		
	-								(Adults) 6. REGULATIONS COMPLIA	ANCE	
Width	60			-			-		("x" proper box)		0
Ceiling Height									Water		井
Square Feet									Electricity		ᆜ
No. of Rooms									Site		
No. of Beds, Single No. of Beds or									Screening		
Bunks, Double									Heating		
7. FACILITIES (A	FACILITIES (Number of each)									indry facilities a	re
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	located in this building.		
					2				kitchen facilities are located	in buildings 2 ar	nd
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laun	dry tubs	Movable tubs	laundry	3.		
							lubs		Laundry facilities are located	in buildings 6 a	and
Cook Stoves	Refrigerators	3	Garbage co	ntainers	First-aid K	its	Fire Extin		7.		
					2		(No. & ty)	c Dry			
8. COMMENTS					L		1710	<u> </u>			
Inspected (using OSH	IA 19	10.142 re	gulatio	ons.						
Heating is	not noodo	d ac	workers	ro not	working	during	cold we	other			
nealing is	not neede	u as	WOIKEIS	ile not	WOIKING	uuring	COIU WE	attici.			
Wall locker	s for all w	orker	s on the p	premise	es are lo	cated ir	this bu	ilding.#	1.		
Laundry ar	d kitchen	facili	ties are ir	close	proximit	v to slee	epina au	areters	(within 100 feet).		
3 Fire/Smo				0.000	P 1.02	, 10 0.0			,		
9. EMPLOYER'S						II C D		flabar I	I.C. Training and Employment	Sonvice and th	not.
the housing de	scribed herein	ı 🛛 r	neets 🔲 d	oes not m	eet such st	andards. I	hereby au	thorize rep	J.S. Training and Employment presentatives of the State Emp	loyment Service	e
		d Trair	ing Administ	ration reg		to inspect		housing a	t any reasonable time.	Date	_
Employer's Signa							θ ,	4-1-16			
Kan	Stade	<i>(</i> la	Hebe			on S	Shad.		upervisor	7.7.76	
10. HOUSING IN Signature of Author		r: Jo	yce Hahn		Typ	ed Name	and Title			Date	-
/ma	Hes	/_	_		5.0			ogram (Coordinator	4-1-16	
11. APPROVAL:	Housing apr	roved	for occupano	y by work						/	
Signature of Author		,	•		Тур	ed Name	and Title			Date	
Chon.	LHa	_	_		J	loyce H	ahn, Pro	ogram (Coordinator	4-1-16	
01	The second second										

U.S. Department					ninistratio	n			AME AND ADDRESS		
			HOUSING		FACILIT	IES	273 A	shley 2	89		
			tions on Rever				Cross	ett, AR	71635		
2. HOUSING LO	CATION						3. HOUSIN	G DESCF	RIPTION		
3319 Hwy		40					Barra	cks #5			
, amington	.,						Sleepi	ng qua	rters only		
4. SLEEP ROOM: (No. & Measure		a. Do	rmitory Type	4	1	b. Far	nily Type 3	4	ES USE O	NLY	
Length	40				<u> </u>	1			5. CAPACITY (Adults) 36		
Width	60								6. REGULATIONS COMPLI ("x" proper box)	IANCE Yes	No
Ceiling Height									Water		
Square Feet									Electricity		
No. of Rooms	1	2							Site		
No. of Beds,	14	8							Screening	\boxtimes	
No. of Beds or Bunks, Double	7								Heating	\boxtimes	
7. FACILITIES (A	lumber of ea	⊥ ch)					No bathrooms, kitchen or la	undry facililtie	s are		
Flush Toilets	Privy		Urinals		Lav. or W	ashbasins	Showerho	eads	located in this building.		
					2				Kitchen facilities are located	l in buildings 2	2 and
Bathtubs	Movable Ba	thtubs	Laundry mad	chines	Fixed laur	ndry tubs	Movable	laundry	3.		
·							tubs		Laundry facilities are located	d in buildinas	6 and
Cook Stoves	Refrigerator	s	Garbage cor	ntainers	First-aid K	Cits	Fire Extin		7.		
					2		(No. & ty)	C Dry			
8. COMMENTS			L	*****							
Inspected	using OSI	HA 19	1.142 reg	ulatior	ıs.						
Heating is	not neede	ed as	workers a	re not	working	during	cold we	ather.			
Wall locker											
Laundry ar 4 fire/smok	nd kitchen se detecto	facili rs	ties are in	close	proximit	ty to sle	eping qu	uarters	(within 100 feet).		
9. EMPLOYER'S	CERTIFICA	TION:							I.O. Tarking and Frankrican	t Capilas and	d that
the housing de	scribed herei	n 🛛 i	neets do	es not n	neet such s	tandards.	I hereby au	thorize rep	J.S. Training and Employmen presentatives of the State Em	ployment Ser	vice
		nd Trair	ning Administr	ation reg				housing a	at any reasonable time.	Date	
Employer's Signa	ture U.S.				Typ	Red Name	Sla	1-	Superdisor	4-1-14	,
10. HOUSING IN	SPECTED B	Y: Jo	yce Hahn		,						
Signature of Auth	orized Officia	1,			7.7	ped Name			Coordinator	Date	
(forge	e Ha	1						ogram (Coordinator	4-1-16	
11. APPROVAL:			for occupanc	y by worl		ed intersta ped Name				Date	
Signature of Auth	Unized Unicia	1	_		"			ogram (Coordinator	4-1-1	6
Croya	2 Na		10.7%			,		- 3		7 1	,

U.S. Department U.S. TRAINING					ministration	1			AME AND ADDRESS			
	ER FURNI				FACILIT	IES	273 A	shley 2	89			
			ctions on Rever				Cross	ett, AR	71635			
2. HOUSING LO	CATION						3. HOUSIN	IG DESC	RIPTION			
3319 Hwy		4 0					Buildir	ng #2 K	itchen and Show	er Facilities	•	
rumigion	i, ivio 000	.0					22X55	feet				
4. SLEEP ROOM: (No. & Measure		a. Do	rmitory Type	4	1	b. Far	nily Type 3	4	ES U	SE ONLY		
Length									5. CAPACITY (Adults)	Seats 32		
Width									6. REGULATIONS Co ("x" proper box)		es	No
Ceiling Height									Water		X	
Square Feet									Electricity		X	
No. of Rooms									Site		X	
No. of Beds, Single								Screening		X		
No. of Beds or Bunks, Double									Heating		\boxtimes	
7. FACILITIES (A	lumber of eac	:h)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
5					5		5					
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laune	dry tubs	Movable	laundry				
·							tubs					
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid Ki	ts	Fire Extin					
6	6		2		2		(No. & typ	c Dry				
8. COMMENTS					L							
Inspected (using OSH	IA 19	10.142 re	gulatio	ns.							
	•			_								
4 picnic tab	oles, large	area	for prepa	ring 10	oa							
5 kitchen si	inks											
9. EMPLOYER'S					.1_4:641	- U.C. D.		flabar I	I.C. Tanining and Emple	nument Conside	and	that
the housing des	scribed herein	. 🛛 г	neets 🔲 do	es not m	eet such sta	andards. I	hereby aut	horize re	J.S. Training and Emplo presentatives of the Sta	ite Employment	Serv	ice
		d Train	ing Administr	ation reg				housing a	t any reasonable time.	15.4		
Employer's Signat	ture //	1			Тур	ed Name	and Title			Date	1/	
10. HOUSING IN	SPECTED BY	(: Joy	ce Hahn		- K	na S	Lade		aper DISOL	17-7-	4	
Signature of Author					Тур	ed Name	and Title			Date		
Chan	Hal	_						ogram (Coordinator	4-1-1	16	
11. APPROVAL:	Housing app	roved 1	for occupancy	by work	ers recruite	d interstat	te.					
Signature of Author				-		ed Name				Date		
Chonico	Ach	_			J	oyce H	ahn, Pro	gram (Coordinator	4-1-	16	

U.S. Departmen U.S. TRAINING					ministration	1	Royal	C Farn	AME AND ADDRESS		
EMPLOY	ER FURNI	SHEE	HOUSIN	G AND	FACILIT	IES		shley 2			
		Instruc	ctions on Reve	rse)				ett, AR			
2. HOUSING LO	CATION						3. HOUSIN	G DESC	RIPTION		
3319 Hwy Farmingtor		40					Buildir	ng #3I	Kitchen/Shower Fa	ıcilities	
							40X40) feet			
4. SLEEP ROOM: (No. & Measure		a. Do	mitory Type	4	1	b. Far	nily Type 3	4	ES USE	ONLY	
Length									(Addits)	eats 104	
Width									REGULATIONS COM ("x" proper box)	PLIANCE Yes No	כ
Ceiling Height									Water]
Square Feet									Electricity]
No. of Rooms									Site		
No. of Beds, Single									Screening		
No. of Beds or Bunks, Double									Heating		
7. FACILITIES (A	lumber of eac	:h)									
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerhe	eads			
8					9		8				
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laun	dry tubs	Movable I	aundry			
							lubs				
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid K	its	Fire Extin				
5	6		2		2		(No. & typ	c Dry			
8. COMMENTS											
Inspected (using OSF	IA 19	10.142 re	gulatio	ons						
13 picnic ta	bles, larg	e are	a for prep	aring f	food						
•				J							
8 kitchen s	INKS										
9. EMPLOYER'S	CERTIFICAT	ION:									_
I CERTII	FY THAT I ha	ve revi							I.S. Training and Employm		
									resentatives of the State E t any reasonable time.	Employment Service	8
Employer's Signat						ed Name				Date	
thom	Sland	9				Ron	5-6	, de	Superiois	m 4-1-16	
10. HOUSING IN	SPECTED BY	: Joy	ce Hahn								
Signature of Author	orized Official					ed Name				Date	
(fuye	Heh							gram (Coordinator	4-1-16	_
11. APPROVAL:	Housing app	roved 1	for occupanc	y by work							\dashv
Signature of Author	orized Official					ed Name		aram (Coordinator	Date	
Chaque	Hal				J	oyce H	ann, Pro	gram (Coordinator	14-1-16	

Form Approved 358

	U.S. Denartm	ent of Lal	hor Empl		1.00				1 EMDI	OVERIO	Ru	dget Bureau No. 4	4-R1
	U.S. Departm U.S. TRAINI	NG AND	EMPLO	oyment a	nd Tra	aining A	Administrati	ion			NAME AND ADDRESS		
									Roya	l C Fa	rms, LLC		
\		JIEN F					D FACIL	ITIES	2/3/	Ashley	289		
12	. HOUSING I	OCATION	(See Ins	tructions (n Reve	rse)			Cros	sett, Al	R 71635		
			•						3. HOUS	NG DES	CRIPTION		
	3319 Hw Farmingt	y UU	62640						Laun	dry Fac	cility #6		
	· armingt	OII, IVIO	03040								,		
1	. SLEEP ROO	110		_									
[(No. & Measu	ire)	a. 1	Dormitor 2	7 Type 3				mily Type		50 H05		
	Length			-		4	1	2	3	4	ES USE	ONLY	
	Width										5. CAPACITY (Adults)		
-	VVIGLII						2000				6. REGULATIONS COMP		
	Ceiling Heigh	t									("x" proper box)		No
	Square Feet										Water		L
	No. of Rooms	_									Electricity	\boxtimes	
-								Site	\boxtimes	F			
	No. of Beds, Single								1		C		늘
	No. of Beds or Bunks, Double							 			Screening	\square	L
	Bunks, Double FACILITIES (Number of each)										Heating	\boxtimes	
	sh Toilets	Privy	eacn)	Terr :									0 000
		1 1109		Urinals			Lav. or Wa	ashbasins	Showerhe	ads			
Bat	thtubs	Movable	Bathtubs	Laundr	/ mach	nines	Fixed laund	dry tubs	Movable la	aundn.			
				4				, 1000	tubs	auriory			
Cor	ok Stoves	Dofrie		-									
000	J. 010403	Refrigera	tors	Garbag	e conta	ainers	First-aid Kit	ts	Fire Exting	uishers			
									(No. & type	³⁾			
8. (COMMENTS												
- 1	nspected ι	ising O	SHA 19	10 14:	rea	ulatio	ne						
-													
	leating is r	not need	ded as	worker	s are	not v	vorkina d	durina ti	he cold v	veathe	•		
							9	aumig u	ic cold v	vealife	•		
9 F	MPLOYER'S	CEDTIEIC	ATION										
	I CERTIF	Y THAT I	have revie	wed the	nouein	a regula	tions of the						\dashv
the	e housing desc	cribed here	ein 🛭 m	eets	does	not me	et such stan	dards. I h	artment of t ereby author	abor, U.S	S. Training and Employment	Service, and the	at
Fmnl	oyer/s Signatu	ployment	and Traini	ng Admin	istratio	n regio		opool ti	C above 110	using at a	esentatives of the State Emp any reasonable time.	loyment Service	
	oyens Signatu			Typed	Name an	d Title			Date	\dashv			
7	my			B		Stad.	_		4-46				
	OUSING INS			e Hahn			7.0	-	26401.			7-116	\dashv
Signa	ture of Author	ized Officia					Typed	Name and	d Title				\perp
	June	June Hah								am Co	ordinator	Date	
11. AF	PROVAL: H	ROVAL: Housing approved for occupancy by workers						ntomt-t-	,	un ou	ordinator (1-1-16	
Signal	ture of Authori	zed Officia	J/1	- Joapai	.cy uy	WOIKE!		Name and	Title				
	//	4	-	es:			10000					Date	
-	1070	e/Y					309	oe nan	iii, Frogr	am Co	ordinator	4-1-16	

U.S. Departs	ment of L	abor, Emplo	yment and Tr	aining A	dministratio	n	1. EMPL	OYER'S I	NAME AND ADDRESS	get Bureau No. 4	4-R13
A 2000 L							Roya	I C Far	ms, LLC		
1	OILKI		ED HOUSINguctions on Reve		FACILIT	IES	Cross	Ashley :	289 ₹ 71635		
2. HOUSING	LOCATIO	N (Dee 172)	uctions on Reve	erse)				3957			
3319 Hv		•••					3. HOUSII				
Farming	ton, MC	0 63640					Laund	dry Fac	cility #7		
	•										
4. SLEEP RO		a. [Dormitory Type			h En	mily Type		_		
(No. & Meas	ure)		2 3	4	1	0. Fa	mily Type 3	4	ES USE	ONLY	
Length									5. CAPACITY		
Width									(Adults) 6. REGULATIONS COMP	LIANCE	
Ceiling Heig	ht								("x" proper box)	Yes	No
									Water	\boxtimes	
Square Feet									Electricity	\boxtimes	Т
No. of Room	No. of Beds,								Site		F
	Single No. of Beds or										늗
No. of Beds	No. of Beds or Bunks, Double FACILITIES (Number of each)								Screening		Ц
		of cont)						Heating	\boxtimes		
Flush Toilets	Privy	or each)	Urinals							A1770-10	
	,		Offinals		Lav. or Was	hbasins	Showerhe	ads			
_											
Bathtubs	Movabl	e Bathtubs	Laundry mac	hines	Fixed laundr	y tubs	Movable la	undry			
			4		1		tubs				
Cook Stoves	Refrige	rators	Garbage cont	ainers F	First-aid Kits		Fire Exting				
					not ala Mis		(No. & type				
8. COMMENTS											
		20114 40									
Inspected	using (JSHA 19	10.142 reg	ulation	ıs						
Heating is	not nee	eded as v	vorkers ar	not w	orkina d	unin a Al		••			
			WOINCIS AIR	S HOL W	orking at	uring ti	ne cold w	veather	•		
9. EMPLOYER'S	CERTIE	CATION									
I CERTI	FY THAT	I have revie	wed the housi	ng regular	tions of the I	IS Den	artment of I	abor II S	6. Training and Employment		
the housing de	scribed he	erein M m	eets does	not mee	t such stand	lards. I h	ereby autho	rize repre	S. Training and Employment esentatives of the State Empl	Service, and the	nat
Employer's Signa		t and Trainin	ig Administrati	on region	ar omoc to i	nspect ti	e above no	using at a	esentatives of the State Empl any reasonable time.		
18	10	,			Typed	Name an	d Title	ii.		Date	
10. HOUSING IN	SPECTER	Le L			Ko	7	Slad.	<	Supervisor L	1-1-16	
Signature of Author			e Hahn								
	J. 200 011					Name and		_		ate	\neg
11. APPROVAL:	L/						n, Progr	ram Co	ordinator	4-1-11	
Signature of Author	rized Offic	approved for	r occupancy by	workers							\neg
James	_//	//				lame and				ate	
Chorse	et.	an			Joy	e Har	in, Progr	am Co	ordinator	1-H6	

Form Approved

U.S. Depart	tment of	ahor Empl	oyment and Tra			1	1 EMDI	OVEDIO	ï	Budget Bureau No.	44-R135
U.S. TRAIN	NING AN	D EMPLOY	YMENT SERV	aining A ICE	Administrati	on	1		NAME AND ADDRESS		
			ED HOUSIN		D FACILI	TIFS	273	Ashley	ms, LLC #1		
		(See Inst	tructions on Reve	erse)	J I AGILI	IILO	Cros	sett, AF	R 71635		
2. HOUSING	LOCATI	ON						ING DESC			
Family L 920 5 th (Park Hil	ગા.		Cattle Con	npany)		Barra		e Sleeping Area		
4. SLEEP RO			Dormitory Type								
(No. & Meas	sure)		2 3	4	1	b. Fa	amily Type	4	ES US	E ONLY	
Length		39'7				1	1 -	- 4	5 CAPACITY		
Width		63'8					+	-	(Adults) 6. REGULATIONS COI	36	
Ceiling Heig	ht	8				-	-	-	("x" proper box)	Yes	No
Square Fee	+	2533				-			Water	\boxtimes	
No. of Room									Electricity	\boxtimes	П
No. of Beds,		1							Site		一一
Single		36							Screening		믐
No. of Beds Bunks, Doub											<u> </u>
7. FACILITIES	(Number	of each)				L			Heating		
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	ahe	60'7 X 39'7 Recreation a	and Eating Area	
8		-			10		8	aus			
Bathtubs	Movat	le Bathtubs	Laundry mach	ines		I= . f. f.					
·			3	iiies	Fixed laund	ry tubs	Movable la tubs	aundry			- 1
Cook Stoves	Refrige										
4	7	SIGLOIS	Garbage conta	ainers	First-aid Kits	S	Fire Exting	guishers			
8. COMMENTS			12		1		6	"			- 1
											-
inspected	using	OSHA 19	10.142 reg	ulatio	ns						
Heating is	not ne	eded as v	workers are	ot w	orkina du						- 1
2004 1007				OL WI	Jiking au	ring co	id weath	ier.			
Lockers av	vailable	for each	worker.								
6 picnic tal	bles for	eating .	4 smoke/fir	o dota	atama						
		outing.	T SITIONE/III	e dete	ctors.						
9. EMPLOYER'S	CERTIF	ICATION:									
I CERTI	FY THAT scribed h	I have revie	wed the housing	g regula	tions of the	U.S. Dep	artment of I	Labor, U.S	. Training and Employme	ent Service, and the	hat
office and/or Er	mployme	nt and Trainir	ng Administration	not med in regio	et such stand nal office to	dards. I he inspect th	ereby author	orize repre	. Training and Employme sentatives of the State Er ny reasonable time.	nployment Service	æ
Employer's Signat	ture					Name an	o above no	using at a	ny reasonable time.	Date	_
										Jale / //	
10. HOUSING IN			e Hahn							14-1-16	\dashv
Signature of Author	orized Off	icial	,		Typed I	Name and	d Title			Date	\dashv
(for	14	Hal			Joy	ce Hah	n, Progi	ram Co	ordinator	1/ -1 //	
1. APPROVAL:	Housing	approved for	occupancy by	workers	recruited in	terstate.				4-1-16	\dashv
Signature of Autho	rized Offi	ciel				Name and				Date	\dashv
Hora	18	an			Joy	ce Hah	n, Progr	am Coo	ordinator	4-1-11	
/ /										11/1/10	1

U.S. Department U.S. TRAINING				7	ninistration	1			is, LLC #1	
EMPLOY	ER FURNIS	SHED	HOUSING	AND	FACILITI	ES	273 A	shley 28	39	
	(See	Instruc	tions on Revers	ie)			Cross	ett, AR	/1635	
2. HOUSING LOC	CATION					3	. HOUSIN	G DESCR	RIPTION	
3319 Highv Farmington		40							Housing #1 arters Only	
4. SLEEP ROOMS		a. Do	rmitory Type				ily Type		ES USE O	NLY
(No. & Measure,		2	3	4	11	2	3	4	5. CAPACITY	-
Length	40								(Adults) 5 0	ANCE
Width	70								("x" proper box)	Yes No
Ceiling Height									Water	
Square Feet									Electricity	
No. of Rooms	1))	10 10					Site	\boxtimes
No. of Beds, Single									Screening	\boxtimes
No. of Beds or Bunks, Double	9	11	5						Heating	
7. FACILITIES (A		h)							No bathrooms, kitchen or la	undry facilities are
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	located in this building	
									Kitchen facilities are located	in buildings 2 and
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laun	dry tubs	Movable	laundry	3	III ballango 2 ana
Damas			,			•	tubs			
[5.6		0-1	A-:	Circh aid Vi	ita	Fire Extin	quiebere	Laundry facilities are located 7.	in buildings 6 and
Cook Stoves	Refrigerators	•	Garbage con	tainers	First-aid Ki	ils	(No. & ty			
	1		3		1		4 AB	C Dry		
8. COMMENTS									4. Smoke C	1.1.
Inspected (using OSF	IA 19	10.142 re	gulatio	ons.				1. Smoke C	retectors
Heating is	not neede	d as	workers a	re not	workina	durina	cold we	ather		
Lounge are	a in front	of ba	rracks wit	h 2 sir	iks with	ootable	water.			
Wall locker	s for all w	orker	s on the p	remise	es are lo	cated in	this bu	ilding.		
Train roomer	• .•. •									
9. EMPLOYER'S	CERTIFICAT	ION:							LO Tesisies and Employmen	t Sandan and that
I CERTI	FY THAT I ha	ve revi	ewed the hou	sing reg	ulations of tl neet such st	he U.S. De andards. I	partment of hereby au	of Labor, C thorize rep	J.S. Training and Employmen presentatives of the State Em	ployment Service
office and/or Er	mployment an	d Trair	ning Administr	ation reg	jional office	to inspect	the above	housing a	t any reasonable time.	
Employer's Signa	ture				1 7	ed Name		0	Constanting	Date 4/6/2015
won	3/1					Non	in	Moi	Hor man	47072010
10. HOUSING IN		-			T	ad Nama	and Title			Date
Signature of Auth	orized Official	<u>'</u>	- 1			ed Name : Debra M		State Mo	onitor Advocate	4/6/2015
Dolar	Ox 11	Jen	non							
11. APPROVAL:			for occupancy	by work		ed Name				Date
ignature of Auth	Onzed Official	7						State Mo	onitor Advocate	4/6/2015
1 10/11	a 11	120	A GLII					1 × 100 × 10 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 × 100 ×		

U.S. Departme	ent of Labor, E	mplo	yment and	Training A	dministratio	n	1. EMPL	OYER'S N	IAME AND ADDRESS	get Buleau NO. 4	4-1(13
U.S. TRAININ							Roya	l C Far	ms, LLC #1		
EMPLO	YER FURN				D FACILIT	TIES		Ashley 2	289 R 71635		
2. HOUSING LO		e Instr	uctions on I	Reverse)				1000			
The second second second							3. HOUSI	NG DESC	RIPTION		
3319 High	nway 00 on, MO 636	340					Build	ing # 2	 Kitchen and Showe 	er Facilities	;
J	, me ooc	, 10					28 x !	55 Feet			
4. SLEEP ROOM	MS	a. D	ormitory T	vne		h Fa					
(No. & Measur		2			1	2	mily Type 3	4	ES USE	ONLY	
Length									5. CAPACITY (Adults)		
Width									6. REGULATIONS COMF ("x" proper box)	PLIANCE Yes	No
Ceiling Height									Water		
Square Feet									Electricity	\boxtimes	
No. of Rooms									Site	\boxtimes	
No. of Beds, Single	ngle D. of Beds or								Screening	\boxtimes	
No. of Beds or Bunks, Double									Heating		一
7. FACILITIES (I	Number of eac	h)						-			
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
5					5		5				
Bathtubs	Movable Bath	ntubs	Laundry r	nachines	Fixed laund	Irv tubs	Movable	laundry			
						,	tubs	ladilaly			
Cook Stoves	Refrigerators		Carbaga		Final middle						
- /	5 6			containers	First-aid Kit	S	Fire Extin	guishers be)			
	90		2		1		3 AB	C Dry			
8. COMMENTS									857		
Inspected ι	using OSH	A 19	10.142	regulation	ons.						
4 nicnic tah	les large	aroa	for pro-	arina fa							
4 picnic tab	ies, large	area	ior prep	paring to	oa						
0 FMBI OVERIO	055555										
 EMPLOYER'S CERTIF 			wed the ho	nusina reau	lations of the	II S Dor	artment of	ilahar II	S. Training and Employmen		
the housing des	Cliped lielelli		eets i i	does not m	eet such star	ndarde I i	nerehy auth	orize renr	accontations of the Ctate Car	t Service, and	that
employer's Signati	pioymont and	Traini	ng Adminis	stration reg	onal office to	inspect t	ne above n	ousing at	any reasonable time.	p. 10, 11, 10, 11, 10, 11, 11, 11, 11, 11,	
Linployer's signat						Name a	10	. //	· ··	Date	
Media	1)oh	16/1	14/0	r frankl	4/6/2015	5
10. HOUSING THE									•		
Signature of Author	rized Official				•	Name ar				Date	
								ate Mor	nitor Advocate	4/6/2015	5
	Housing appro	ved fo	r occupan	cy by worke							
ignature of Author	rized Official					Name ar		12 (1200E)		Date	
					De	bra Mi	nish, Sta	ate Mon	itor Advocate	4/6/2015	;

	U.S. Departme U.S. TRAININ	ent of Labor	r, Employ	yment an	d Train	ing Ad	lministratio	n			IAME AND ADDRESS	iget Bureau No. 4	44-R13
		YER FUR								ll C Far Ashley 2	ms, LLC #1		
,			(See Instr				FACILI	HES			209 R 71635		
ŀ	2. HOUSING LO		1.00	ucitoris or	THE VEYS	-			3. HOUSI	_			
	3319 High	way OO)										
	Farmingto	n, MO 6	3640						Bulla	ng # 3	- Kitchen and Show	er Facilities	5
									40 x 4	40 Feet			
T	4. SLEEP ROOM	//S		ormitory	Туре		T	b. Fa	mily Type				
+	(No. & Measur	re) 1	2	!	3	4	1	2	3	4	ES USE	ONLY	
1											5. CAPACITY (Adults)		
L	Width										6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes	No
	Ceiling Height										Water	Tes	No
	Square Feet										Electricity		ᆷ
	No. of Rooms		+-		_		1		1				ᆜ
1	No. of Beds,										Site		Ш
H	Single No. of Beds or								-		Screening		
L	Bunks, Double										Heating	\boxtimes	
$\overline{}$	7. FACILITIES (/		each)										
۲	lush Toilets	Privy		Urinals			Lav. or Wa	shbasins	Showerhe	eads			
	8						89		8				
В	Bathtubs	Movable B	athtubs	Laundry	machi	nes	Fixed laund	dry tubs	Movable I	aundry			
8								•	tubs				
c	ook Stoves	Refrigerato	ors	Garbage	contai	nore	First-aid Kit	ha .	Fire F. Air				
	5	5 6	,,,,	2	Comai	liers		15	Fire Exting	guisners e)			
_		0					2		32 AB	C Dry			
8.	COMMENTS												
	Inspected u	ising OS	HA 19	10.142	? regu	lation	ns.						
	13 picnic ta	ables la	rne are	a for r	renar	ina f	and						
	re piomo te	abico, iai	gc are	a ioi p	тераг	ing it	Jou						
9.	EMPLOYER'S	CERTIFICA	TION:										
	I CERTIF	Y THAT I h	ave revie	wed the	housing	regula	ations of the	U.S. Der	partment of	Labor U	S. Training and Employmer	nt Service, and	that
	and modeling desi	CHIDEG HELE	67 111	eets	i does i	ioi mei	et such stal	ndards ir	erehy auth	OFIZA FARE	acontativac of the Ctata Em	ployment Serv	rice
En	nployer's Signato	ire \	iiu iiaiiii	ng Aumin	iistratioi	regio		Name a		ousing at	any reasonable time.	/ D-4-	
1	U Ant	$ \mathcal{M}$					1,700	1	wo	PIN	offer mare	Date 4/6/2015	_
Iŏ	HOUSING INS	PECTED B	ν.					00 01	CCO.	100	or the	4/0/2013	5
_	nature of Author						Typec	Name ar	nd Title			Dete	
1	Jelma	\mathcal{M}	mila							ate Mon	itor Advocate	Date 4/6/2015	5
1.	APPROVAL: I	Housing ap	proved fo	r occupa	ncv hv	vorker						7/0/2010	_
	nature of Author	ized Official	1	- Joupa				Name an				Date	
1	Delna	Ω	mal	Λ						te Mon	itor Advocate	4/6/2015	5
_	- vu	1111	1000	-					- 1				- 1

U.S. Depart	ment of L	abor, Emplo	yment and Tr MENT SERV	aining A	dministratio	on	1. EMPL	OYER'S	NAME AND ADDRESS	udget Bureau No. 4	4-R1
		URNISHE	ED HOUSIN	IG AND	FACILIT	ΓIES	273 /	Ashley	rms, LLC #1 289 R 71635		
2. HOUSING	LOCATIO		ructions on Rev	erse)							
3319 Hiç Farming	ghway	00					Barra	ick Sty	CRIPTION le Housing #4 uarters Only		
4. SLEEP RO	OMS	a. [Dormitory Type			h Fo	mile Temp				
(No. & Meas	sure)		2 3	4	1	D. Fa	mily Type 3	4	ES USI	EONLY	
Length		40							5. CAPACITY (Adults)	38	
Width		60							6. REGULATIONS CON ("x" proper box)	MPLIANCE Yes	No
Ceiling Heig				-					Water	\boxtimes	
Square Feet									Electricity	\boxtimes	
No. of Room		,							Site	\boxtimes	
Single No. of Beds	or .	2							Screening	\boxtimes	
Bunks, Doub		6							Heating		
7. FACILITIES Flush Toilets		of each)							No bathrooms, kitchen o	r laundry facilities	are
Tidali Tollets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	ads	located in this building		
Bathtubs	Movab	le Bathtubs	Laundry mad	hines	Fixed laund	ry tubs	Movable la tubs	aundry	Kitchen facilities are loca 3	ted in buildings 2	and
Cook Stoves	Refrige	rators	Garbage con	tainers	First-aid Kits	S	Fire Exting (No. & type 1 ABC	e)	Laundry facilities are loca 7.	ited in buildings 6	and
8. COMMENTS							17100	Diy			
Inspected Heating is Laundry a Wall locke	not ne	eded as v	workers ar	e not w	orking d	sleepii	ng quarte	ther ers (wi	3 fire det smoke thin 100 feet).	ctors	
9. EMPLOYER'S I CERTI the housing de office and/or E	IFY THAT	I have revie	wed the housi	ng regula	tions of the	U.S. Dep	artment of I	Labor, U. orize repr	S. Training and Employme	ent Service, and the	nat e
Employer's Signa		Tana	ig Administrat	ion region	Typed	Name an	d Title	ousing at	any reasonable time.	Date 4/6/2015	
10. HOUSING IN	~						1	- (1101		
Signature of Author	orized Offi	cial			Typed	Name an	d Title			Date	\dashv
1)2640	1	Lens	h				nish, Sta	te Mon	itor Advocate	4/6/2015	
11. APPROVAL:	Housing	approved for	r occupancy b	y workers						<u></u>	\dashv
ignature of Autho	orized Offic	Cial ' -	1			Name and				Date	\exists
Pelyo	2//	4 jus	1		Del	ora Min	iish, Stat	te Mon	itor Advocate	4/6/2015	

U.S. Departn	nent of I	Labor, 1	Emplo	yment	and Tra	aining A	Admin	istratio	n	1. EMPL	OYER'S	NAME AND ADDRESS	loget Buleau No). 44-R1;
U.S. TRAIN		FURN	IISHE	ED HO		IG AN	D FA	CILIT	ΓIES	273 /	Ashley	rms, LLC #1 289 R 71635		
2. HOUSING	LOCATI		e msir	uctions	on Keve	erse)								
3319 Hig Farmingt	hway	00	640							3. HOUSII Barra Sleep	ck Sty	e Housing #5 arters Only		
4. SLEEP ROO	NAC													
(No. & Measi	ure)	1		Dormito	ry Type 3	4		1	b. Fa	mily Type		ES USE	ONLY	
Length		40				-	+			3	4	5 CAPACITY		
Width		60										(Adults) 6. REGULATIONS CON ("x" proper box)		- N
Ceiling Heigl	ht											Water	Ye	
Square Feet							+			+				
No. of Room	s	1	2				1					Electricity	<u>D</u>	
No. of Beds, Single	Single 148											Screening		
No. of Beds of	No. of Beds or													
	Bunks, Double / / / / / / / / / / / / / / / / / / /											Heating		1 L
Flush Toilets	Privy	, or eac	11)	Urinal	le		Lou	0= \//=	shbasins			No bathrooms, kitchen or	laundry facili	ies are
					.5		Lav.	Or vva:	snbasins	Showerhe	ads	located in this building		
Bathtube	Move	ble D-4	. A b				<	<u> </u>				Kitchen facilities are locat	ed in building	s 2 and
Datitions	iviova	DIE BATI	ntubs	Laund	iry mac	hines	Fixed	laund	ry tubs	Movable la	aundry	3		
												Laundry facilities are loca	ted in building	
Cook Stoves	Bathtubs Movable Bathtubs Laundry machines Cook Stoves Refrigerators Garbage containers									Fire Exting	uishers	7.	ted in building	s o and
				N Z			文			(No. & type 1 ABC				
8. COMMENTS							,			IABO	<i>э</i> ы у			
Inspected	using	OSH	A 19	10.14	12 reg	julatio	ns.					4 smoke d	ectors	>
Heating is	not ne	eedec	l as v	vorke	ers are	e not	work	ina d	lurina a	ماط سومه	lb a n			
1														
Laundry ar	nd Kito	chen t	facili	ties a	re clo	se pro	oxim	ity to	sleepii	ng quarte	ers (wi	thin 100 feet).		
Wall locker												and State Control of the		
				0111	no pro	Cillioc	S alt	5 1000	aleu III	building	1.			
9. EMPLOYER'S	CERTII	FICATION	ON:											
I CERTI	FY THA	T I have	revie	wed the	e housii	ng regul	lations	of the	U.S. Dep	artment of	Labor, U.	S. Training and Employme	nt Service, an	d that
												S. Training and Employme esentatives of the State En any reasonable time.	nployment Se	rvice
Employer's Signat	ture /						T	Typed	Name ar	d Title)	any reasonable time.	Date	
Work	Nontyl									~ Pl	NHA	Il maren	4/6/20	15
10. HOUSING IN Signature of Author														
Signature of Autho	orizea O	micial	,	- 1				10.0000	Name an				Date	
11 APPROVAL	VV	le	ns	Ne						nish, Sta	te Mor	itor Advocate	4/6/201	5
11. APPROVAL:	Housing	g appro	ved fo	r occup	ancy by	y worke								
) of	. C	\\		1					Name and				Date	
releta	1/	11	MARI	h				De	ora Mir	iisn, Sta	te Mon	itor Advocate	4/6/201	5

	U.S. Departm U.S. TRAINI	ent of Labor,	Emplo	ymei	nt and Tra	ining A	Administra	ation	1. EMPL	OYER'S I	NAME AND ADDRESS	udget Bureau No. 44-F	₹13
	1						D = 1 0		Roya	al C Far	ms, LLC #1		
	LIVII LC	YER FUR			10USIN ns on Reve		D FACII	LITIES	Cros	Ashley :	289 R 71635		
	2. HOUSING L		see msi	ruciio	ns on Reve	rse)							
	3319 Hig								3. HOUSI				
	Farmingto	on, MO 63	3640						Build	ing # 6	- Laundry facility		
	4. SLEEP ROO (No. & Measu				itory Type	7			mily Type		50 110		_
	Length	,,,,		2	3	4	1	2	3	4	5. CAPACITY	ONLY	_
	Width										(Adults) 6. REGULATIONS COM	APLIANCE.	
1	Ceiling Heigh	t	-				+		+		("x" proper box)	Yes I	Vo
l	Square Feet		+-				-	-		-	Water		_
	No. of Rooms						-		-		Electricity		_
-	No. of Beds,		+	-			-				Site		_
+	No. of Beds o	No. of Beds or Bunks, Double					-				Screening		_
-		Bunks, Double ACILITIES (Number of each)									Heating		_
	Flush Toilets	Privy	icri)	Lirie	nals		11		1				
	0	iais		Lav. or v	Vashbasins	Showerhe	eads						
E	Bathtubs	Movable Ba	thtubs	Lau	ndry mac	hines	Fixed lau	indry tubs	Movable I	aundry			
				4	Į.		3		tubs				
C	Cook Stoves	Refrigerator	s	Garl	bage cont	ainers	First-aid	Kits	Fire Exting	quishers			
									(No. & typ				
8	COMMENTS												_
	Inspected (using OSI	1A 19	10.	142 reg	ulatio	ns.						
	Heating is	not neede	d as	worl	kers ar	a not	working	. durina a		41-			
			u us	*****	icis ait	5 HOL	working	auring c	cold wea	tner			
L													
9.	EMPLOYER'S	CERTIFICAT	ION:										_
	the housing des	cribed herein	m 🖾	eets	the housii	ng regul s not me	lations of t eet such si	the U.S. Dep tandards. I h	partment of nereby auth	Labor, U.S	S. Training and Employme esentatives of the State Er	nt Service, and that	
	office and/or Em		d Traini	ng Ad	dministrati	on regio	onal onice	to inspect ti	ne above no	ousing at	esentatives of the State Er any reasonable time.	inproviment Service	
	(1) Of	Hh.					Тур	ed Name and	nd Title	all.	· In sinck	Date	
10	. HOUSING INS	PECTED BY						vuni	orre	2010-	a pro-	4/6/2015	
	nature of Author						Typ	ed Name ar	nd Title				
<	100/11	o. V	$\gamma \gamma$		- 1		1 23			te Mon	itor Advocate	Date	
11.	APPROVAL:	Housing appr	oved fo	r occ	upancy h	/ worke					TO AUVOCALE	4/6/2015	_
lig	nature of Author	ized Official				,on		ed Name an				Data	4
1	Debu	a n	7,1	10	1					te Mon	itor Advocate	Date 4/6/2015	

U.S. Departme U.S. TRAININ	ent of Labor, I	Emplo	yment and	d Training	Adn	ninistration	n	1		NAME AND ADDRESS	et Bureau No. 4	14-R13
100-200-200-200-200-200-200-200-200-200-	YER FURN				ND.	- A O !! . T				ms, LLC #1		
			uctions on		ו טא	FACILIT	IES		Ashley : sett. AF	269 R 71635		
2. HOUSING L		o Tribir	actions on	neverse)								
3319 High		640						3. HOUSI Build		RIPTION - Laundry facility		
4. SLEEP ROOM (No. & Measur		a. [ormitory					mily Type		ES USE (ONI V	
Length		-	· - '	, ,	4	1	2	3	4	5. CAPACITY	/NL1	
Width		1			-				-	(Adults) 6. REGULATIONS COMPL	IANCE	
Ceiling Height				_					ļ	("x" proper box)	Yes	No
Square Feet		-		_				-		Water	\boxtimes	
										Electricity	\boxtimes	
No. of Rooms No. of Beds,										Site	\boxtimes	
Single No. of Beds or										Screening	\boxtimes	
Bunks, Double		er of each)								Heating	\boxtimes	П
7. FACILITIES (I		:h)				•		1				
Flush Toilets	Privy		Urinals		Li	av. or Was	hbasins	Showerhe	eads			
Bathtubs	Movable Bath	htubs	Laundry	machines	Fi	ixed laundr	y tubs	Movable I	aundry	el.		
			4			1	82	tubs				
Cook Stoves	Refrigerators		Garbage	containers	s Fi	rst-aid Kits		Fire Exting	quichere			
			J			Total Tillo		(No. & typ				
8. COMMENTS												
Inspected u	usina OSH	A 19	10 142	regulat	ione							
Heating is r	not needed	d as v	workers	are no	t wo	orking d	uring c	old wea	ther			
9. EMPLOYER'S	CERTIFICATION	ON:										
										S. Training and Employment esentatives of the State Empl	Service, and t	that
	A J. J	Traini	ng Admini	stration re	giona	al office to	inspect th	ne above h	ousing at	esentatives of the State Empl any reasonable time.	oyment Servi	ce
mployer's Signatu	ute //					Typed	Name an	nd Jitle	\cap		Date	
Mark	2/_						voh	10-1	LOF	Ger month	4/6/2015	5
0. HOUSING INS									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Signature of Author	rized Official	-				200	Name an				ate	
Delma	We	MA	h					nish, Sta	ate Mon	itor Advocate	4/6/2015	
1. APPROVAL:	Housing appro	ved fo	r occupan	cy by worl	kers i	recruited in	iterstate.					
ignature of Author	ized Official	,	-				Name an				ate	
Delvic	x ()	10	Ah			Deb	ora Mir	nish, Sta	ite Mon	itor Advocate	4/6/2015	

U.S. Departme U.S. TRAININ	ent of Labor,	Emplo	yment and Tra	aining A	dministratio	on	1		NAME AND ADDRESS	idget Bureau No. 4	14-R13
1							Roya	al C Fai	ms, LLC #1		
LIVII LO			ED HOUSING TUCTIONS ON Reve		DFACILI	TIES		Ashley sett. Af	289 R 71635		
2. HOUSING L		CC 171317	actions on Neve	rse)							
920 5 th St									CRIPTION		
Park Hills	-	10					Barra Kitch	ack Styl en/Bath	e Sleeping Area า Area		
4. SLEEP ROOM (No. & Measur			Pormitory Type				mily Type		ES USE	ONLY	
Length	39.7		2 3	4	1	2	3	4	5. CAPACITY	.	
Width	63.8								REGULATIONS COM	IPLIANCE	
Ceiling Height						1			("x" proper box) Water	Yes	No
Square Feet	2533								Electricity	\boxtimes	F
No. of Rooms	1								Site		T
No. of Beds, Single No. of Beds or	36								Screening		
Bunks, Double									Heating	\boxtimes	
7. FACILITIES (/		ch)	T		1				107120	3 7	
	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	60.1 x 37	. /	
8					10		8		60.7 x 39	ting a	rea
Bathtubs	Movable Ba	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable I	aundry	1	7	
			4		4		tubs		,		
Cook Stoves	Refrigerators	3	Garbage con	tainers	First-aid Kit	te	Fire Extin	quichoro			
4	4 7		12		1	.5	(No. & typ				
8. COMMENTS							6				
Inspected u	using OSH	IA 19	10.142 red	ulatio	ns			4	smoke det	restair	
						0 9			smoke de	1651017	
Heating is r				e not	working o	during o	old wea	ither			
Lockers ava	ailable for	each	worker								
6 picnic	tabl	05	202	Pat	thin -						
9. EMPLOYER'S				Co	5						
I CERTIF	Y THAT I hav	e revie	wed the hous	ng regul	ations of the	U.S. Der	partment of	Labor U	S. Training and Employme	nt Service, and	that
										nployment Servi	ice
Employer's Signatu	programont une	ı ı alılı	ng Auministra	ion regi	onal onice to	Name a	ne above h	ousing at	any reasonable time.		
Wow					l ypec	Noh		Prop	efor many	PDate 4/6/2015	5
10. HOUSING INS	Company of the Compan					- 011					
Signature of Author	rized Official				Турес	Name ar	nd Title			Date	-
Debro	e M	nie	ah		De	ebra Mi	nish, Sta	ate Mor	nitor Advocate	4/6/2015	5
1. APPROVAL:	Housing appr	oved fo	r occupancy b	y worke	rs recruited	interstate.					\dashv
ignature of Author	ized Official	*			Typed	Name an	d Title			Date	
Debro	MI	MIK	sh		De	ebra Mir	nish, Sta	ate Mor	nitor Advocate	4/6/2015	,

U.S. Departmen					ministration	1	1. EMPLO	YER'S NA	AME AND ADDRESS	
U.S. TRAINING	G AND EMP	LOYM	IENT SERV	ICE				t Builde		
EMPLOY	ER FURNI	SHE	HOUSIN	G AND	FACILIT	IES		W 1250) 10 64733	
		: Instru	ctions on Reve	rse)				x 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
2. HOUSING LO	CATION					ľ	3. HOUSIN	IG DESC	RIPTION	
513 Chapir		nit A					Apartr	ment		
Clinton, MO	J 64/33									
4. SLEEP ROOM (No. & Measure		a. Do	ormitory Type	4	1	b. Fan	nily Type 3	4	ES USE (ONLY
Length	9'11	10	11'5	-					5. CAPACITY (Adults)	
Width	10.11	91	11 9:11						REGULATIONS CÓMPL ("x" proper box)	IANCE Yes No
Ceiling Height	8	8	8						Water	
Square Feet	92.10	91.	11 1024	76	, T				Electricity	₫ □
No. of Rooms	•								Site	\boxtimes
No. of Beds, Single									Screening	
No. of Beds or Bunks, Double									Heating	\square
7. FACILITIES (A	lumber of eac	:h)								
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads		
\mathcal{A}							2			
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laund	dry tubs	Movable	laundry		
/						ST.1	tubs			
Cook Stoves	Refrigerators		Garbage co	ntainara	First-aid Ki	<u> </u>	Fire Extin	guighors		
Cook Stoves	Reingerators	•	Garbage co	mamers	riist-aiu Ki	ıs	(No. & typ	pe)		
							1 A	BC		
8. COMMENTS										
, -	Dish	1. 10	don							
<i>l</i> '	0,01	(W4	5000							
9. EMPLOYER'S			ewed the hou	ısina rea	ulations of th	e U.S. De	partment o	of Labor, U	I.S. Training and Employmer	t Service, and that
the housing des	scribed herein	⊠r	neets 🗌 de	oes not m	neet such sta	andards. I	hereby aut	thorize rep	resentatives of the State Em	
Employer's Signat		d Train	ing Administ	ration reg		to inspect ed Name a		nousing a	t any reasonable time.	Date
2 Kt	muci)			Туре	ou Marrie d	and Thie	1		4-4-16
10. HOUSING IN	SPECTED BY	: Jo	yce Hahn							
Signature of Author	orized Official	1/			1	ed Name a				Date
Au	a to	10	1		J	oyce H	ahn, Pro	ogram (Coordinator	4-4-16
11. APPROVAL	Housing app	roved	for occupanc	y by worl	ers recruited	d interstate	е.			
Signature of Author	orized Official	1	,		, ,,	ed Name a				Date
de	na X	10	1		J	oyce H	ahn, Pro	ogram C	Coordinator	41416

	U.S. Departme U.S. TRAININ	nt of Labor,	Emplo	ymen	nt and Tra	ining A	dministra	ation	1		NAME AND ADDRESS	udget Bureau No. 44-R13
1		YER FURN					2 5401		Sign	et Build NW 125	ers, Inc.	
	20				ns on Reve		J FACI	LITTES			MO 64733	
l	2. HOUSING LO			401101	is on here.	736)				ING DESC		
	513 Chapi Clinton, M		nit B							tment	KIPTION	
-	4. SLEEP ROOM (No. & Measure			Dormi 2	tory Type	4	1		amily Type		FS US	E ONLY
	Length	991	11	5	10	-	'	2	3	4	5. CAPACITY	1
	Width	10'11	Q'	7	911		+	_		+	(Adults) 6. REGULATIONS COM	
-	Ceiling Height	_	8	3	8						("x" proper box) Water	Yes No
L	Square Feet	92.10	146	ads	91.10						Electricity	
L	No. of Rooms										Site	
_	Single No. of Beds or		1	_							Screening	*D
-	Bunks, Double	1814			1014						Heating	2 L
_	7. FACILITIES (A		ch)	T			,					
ľ	idsii Tollets	Privy		Urir	nals		Lav. or	Washbasin	s Showerh	eads		
	2								1 2			
В	Bathtubs	Movable Ba	htubs	Lau	ndry maci	hines	Fixed la	undry tubs	Movable	laundny		
	/						, med id	andly tubs	tubs	lauliuly		
_	ook Stoves	D-6'- 1										
•	/	Refrigerators	5	Garl	bage cont	ainers	First-aid	Kits	Fire Extin			
	/									BC		
8.	COMMENTS										*	
	10	ishw	no	ما	<u></u>							
		131(00	4 5		Υ							
_												
3.	EMPLOYER'S	CERTIFICATI	ON:									
											S. Training and Employmeresentatives of the State E	ent Service, and that
		projimonit and	Traini	ing A	dministrat	ion region	onal office	e to inspect	the above h	norize repr nousing at	esentatives of the State E any reasonable time.	mployment Service
En	nployer's Signatu	79						ped Name			, , , , , , , , , , , , , , , , , , , ,	Date
_	P.C.	ome	1									4-4-16
	HOUSING INS		Joy	ce Ha	hn							
/	nature of Author	ized cyfricial					1	ped Name a				Date
1/	APPROVAL: H	doueing								gram C	oordinator	41176
	nature of Authori	lousing appr	oved 10	occ	upancy b	y worke						
1	/_	4/1						lovce H		7F0	nordinot	Date
-	jugar	Na					'	Joyce Ha	ailli, Prog	gram Co	oordinator	4-4-16

U.S. Departme U.S. TRAINII	ent of Labor, I	Emplo	yme	nt and Tra	aining A	dmini	stratio	n	1		NAME AND ADDRESS	udget Bureau No. 4	4-R13
	YER FURN					D FA	CII IT	IEC		et Build NW 125	lers, Inc. 50		
				ns on Reve		DIA	CILIT	IE9			MO 64733		
2. HOUSING L									3. HOUSI				
111 S. 4 th Clinton, M	Street Apt 10 64735	:. 3A					3			ment	TON TON		
4. SLEEP ROOI (No. & Measu		a. D		itory Type	4				mily Type		FS IIS	E ONLY	
Length	10%		6	3	4	+	1	2	3	4	5. CAPACITY	- ONL!	
Width	12	13				+			+		(Adults) 06. REGULATIONS CON		
Ceiling Heigh	8	8	>								("x" proper box) Water	Yes	No
Square Feet	1272	141	PI	32							Electricity		
No. of Rooms										Site	18		
Single No. of Beds or	gle / / of Beds or /										Screening	又	
Bunks, Double 7. FACILITIES (BK		3/								Heating	2	回
Flush Toilets	Privy	n)	Lini	nals		1.							
1	. noy		Oni	nais		Lav.	or Was	shbasins	Showerhe	eads			
Bathtubs	Movable Bath	tubs	Lau	indry mad	hines	Fixed	laundi	ry tubs	Movable I	aundry			
				1					tubs				
Cook Stoves	Refrigerators		Gar	bage con	tainers	First-	aid Kits	3	Fire Exting	guishers			
	/			/			1		(No. & typ	, 75 C			
8. COMMENTS							-		1				
Dis	huas	Le	~	_									
		3											
Dri	yer												
	J												
9. EMPLOYER'S	CERTIFICATION	ON:											
											S. Training and Employme	ent Service, and the mployment Service	hat ce
mployer's Signat		Trailin	ig A	ummstrat	ion regio	orial Of	iice to	Name ar	ie above no	ousing at	esentatives of the State E any reasonable time.		
16 14	men						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Date ((-)/ / /	
0. HOUSING INS	PECTED BY:	Joyc	e Ha	ahn								4-4-16	
Signature of Author	rized Official	1	_			1	Typed	Name an	d Title			Date	-
(fa	14 /	e l	_						hn, Prog	ram Co	oordinator	4-4-11	
1. APPROVAL	Housing appro	ved fo	rocc	cupancy b	y worke	rs recr	uited in	terstate.				1 / 1 / 1/0	
ignature of Author	ized Official	1				7		Name an	COLUMN TO SERVICE COLUMN TO SE			Date	\dashv
juye	e O Ja						Joy	ce Hal	nn, Prog	ram Co	oordinator	4441	

Form Approved 358

	U.S. Departm	ent of Labor	E-m-1		-4 1 m		1 0 1001 0		I4 EMPI	OVEDIO		Budget Bureau No. 44	-R13
	U.S. Departm U.S. TRAINII	NG AND EM	Emplo PLOY	oymei MEN	nt and Tra NT SERV	aining A ICE	Administra	ation			NAME AND ADDRESS		
	and an analysis (1) and (2) and (3)	YER FURI					D FACI	ITIES	535 I	et Build NW 12	lers, Inc.		
					ns on Reve		DIAGI	LITIES			MO 64733		
	2. HOUSING L										CRIPTION		
	111 S. 4th	Street Ap	t. 1E	3					1	tment	RIPTION		
	Clinton, N	10 64735							Apair	unent			
	 SLEEP ROOF (No. & Measure 	MS re) 1			tory Type			b. Fa	mily Type		T ==		
l	Length	1,19	+,	2	3	4	1	2	3	4		SE ONLY	
t	Width	11 1	1	2		-					5. CAPACITY (Adults)		
1		(0.7	12	2							6. REGULATIONS Co		NI.
	Ceiling Height	8	5	3							Water	Yes	No
L	Square Feet	121,38	1	-6	1								늗
	No. of Rooms		1	0	-		-		+	-	Electricity	44	
r	No. of Beds,	+	/					-		Site			
H	Single No. of Beds or		4							Screening			
-	Bunks, Double	ILITIES (Number of each)									Heating	R P	\Box
		-	ch)						-				
	lush Toilets	Privy		Urin	als		Lav. or V	Vashbasins	Showerhe	eads			
L									1		li de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		
В	athtubs	Movable Bat	htubs	Laur	ndry mac	hines	Fixed lau	indry tubs	Movable Is	aundry			
1	1				1			•	tubs	aunary			
C	ook Stoves	Refrigerators		Gart	age cont	ainere	First-aid I	Vita	F: = ::				
	/	,		Julia	/ /	aniers	riist-aid i	NIIS	Fire Exting	guishers e)			
R	COMMENTS						/		1AB				
Ο.													_
	Dish	wash	er										
,	Druce	-1											
	0												
9.	EMPLOYER'S	CERTIFICATION	ON:										
t	I CERTIFY	Y THAT I have	revie	wed t	he housir	ig regula	ations of t	he U.S. Dep	artment of I	Labor, U.S	S. Training and Employn	nent Service, and the	
ď	office and/or Em	ployment and	Traini	eets ng Ad	does ministrati	not me on regio	et such st	andards. I h	ereby authors	orize repre	S. Training and Employnesentatives of the State in reasonable time.	Employment Service	"
m	ployers Signatu	re		1				ed Name ar	ic above in	busing at a	iny reasonable time.		4
9	5.0 CV	me	r	/								1 Date 4-4-16	-
0.	HOUSING INSI	PECTED BY:	Joyc	e Hal	าท							19-4-16	\dashv
igr	nature of Authori	zed Official					Туре	ed Name an	d Title			Date	_
_	fage	e A	e	L						ram Co	ordinator	4 // //	
1. /	APPROVAL: H	lousing appro	ved fo	r occu	pancy by	worker	s recruited	interstate				11-9-16	\dashv
igr	ature of Authoriz	zed Official	,					d Name and	d Title			Date	\dashv
_	Toya	Ha					Jo	oyce Hal	n, Progr	ram Co	ordinator	4-4-11	
	V 1	1/										1 7 6 10	1

U.S. Departr	ment of Labor,	Emplo	vment	and Tra	ining /	dministro	tion	1. EMPL	OYER'S	NAME AND ADDRESS	Budget Bureau No.	44-R1
U.S. TRAIN	ING AND EM	PLOY	MENT	Γ SERV	ICE	ummsua	tion	1		lers, Inc.		
EMPL	OYER FUR	NISHE	ED HO	DUSIN	G AN	D FACIL	ITIES	535 1	NW 12	50		
	(S			s on Reve				Chilh	nowee,	MO 64733		
2. HOUSING								3. HOUSI	ING DESC	CRIPTION		
111 S. 4	th Street Ap	t. 1C						1	tment	oral flore		
Clinton, I	MO 64735							Apart	unent			
4. SLEEP ROC (No. & Meas	OMS (um)			ry Type			b. Fa	mily Type				
Length	1		2	3	4	1	2	3	4		SE ONLY	
	11.5	13'	4							5. CAPACITY (Adults)	_	
Width	14'	10.	7							6. REGULATIONS CO	MPLIANCE	
Ceiling Heigl	ht 8	8	>							("x" proper box)	Yes	No
Square Feet	1/2	_	4				+	-	-	Water		L
No. of Room	162.1	141	.14							Electricity	4	
No. of Beds,	S									Site	F	Г
Single	/								Screening	1	F	
No. of Beds of Bunks, Double	or I BK	ر				+			 		<u> </u>	
7. FACILITIES									Heating			
Flush Toilets	Privy		Urina	ls		Lav or W	/ashbasins	Showerhe				
1							rasiibasiiis	Showerne	aus			
Bathtubs	Movable Bati	hA. 6 -										
1	MIOVADIE DALI	itubs	Launc	dry mach	nines	Fixed lau	ndry tubs	Movable la	aundry			
				/				lubs				
Cook Stoves	Refrigerators		Garba	ge conta	ainers	First-aid K	Cits	Fire Exting	uishers			
	/			/		/		(No. & type	e)			
8. COMMENTS	/							A	3			
_												
Dry	er											
1	1											
Dishu	vasher											
9. EMPLOYER'S	CERTIFICATIO	ON:										
the housing des	FY THAT I have	review	wed the	housin	g regula	ations of th	e U.S. Dep	artment of I	Labor, U.S	S. Training and Employm	ent Service, and t	that
office and/or En	nployment and	Trainin	ets L g Adm	does iinistratio	not me on regio	et such sta nal office t	andards. I h	ereby autho	orize repre	S. Training and Employmesentatives of the State Bany reasonable time.	Employment Servi	ce
Employer's Signat	ure						ed Name an	ic above 110	ousing at a	any reasonable time.		
Z.(K	bush	10					.,	•			Date	
10. HOUSING IN		Joyce	e Hahn	1							4-4-16	_
Signature of Autho	rized Official	1				Type	d Name and	d Title			7	\Box
Lag	co He	ch		_					ram Co	ordinator	Date	.
11. APPROVAL	Housing appro-	ved for	occup	ancy by	worker	s recruited	interestate	,		ordinator	4-4-16	
Signature of Author	rized Official			-, -,	301		d Name and	d Title				
(tres,	2 Xto								ram Co	ordinator	Date	,
1						- 1		9.			14-4-	/

										bureau No.	44-K 1330
U.S. Departme					ministration				AME AND ADDRESS		
					E 4 OU 1T1			eizer Oi CO RD	rchards 432		
EMPLO			D HOUSING ctions on Rever		FACILITI	ES			O 64485		
2. HOUSING L		see insiru	ctions on Rever	se)			3. HOUSIN	IG DESCE	RIPTION	+	
7419 CO							Traile		VIII TION		
Savannah		85					Traile	1 #1			
4. SLEEP ROOM		a. D	ormitory Type	4	1	b. Fan	nily Type	1 4	ES USE O	NLY	
Length	25.8		3	4	1		3	1 4	5. CAPACITY 5		
Width	11.2								(Adults) 6. REGULATIONS COMPLI		
Ceiling Heigh		-							("x" proper box) Water	Yes	
	288.90			-	-				Electricity		
Square Feet		7									
No. of Rooms				-					Site		
Single No. of Beds of	5								Screening		
Bunks, Doubl	le								Heating		
7. FACILITIES		ach)	1				Tot				
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerh	eads			
Bathtubs	Movable B	athtubs	Laundry ma	chines	Fixed laund	dry tubs	Movable tubs	laundry			
Cook Stoves	Refrigerato	ors	Garbage co	ntainers	First-aid Kit	ts		nguishers			
			1		1		(No. & ty)				
8. COMMENTS	3										
Large dur	npster on	site.									
Washer a			•								
Clothes lii	ne on site										
9. EMPLOYER											
									J.S. Training and Employment presentatives of the State Emp		
					gional office t	to inspect	the above		t any reasonable time.	loyinon o	
Employer's Sign	nature					ed Name a				Date	
- And Mark	G. John	مدر واعق				Cory Sc	hweizer			5/9/18	3
10. HOUSING					T	al Mana	Till-			Data	
Signature of Aut	Hahn	al				ed Name a		ogram (Coordinator	Date	
11. APPROVAL		pproved	for occupance	, by worl				-grain (5-57 dil 10101	5/9/18	
Signature of Aut			ioi occupano	, by WOII		ed Name				Date	
	Hahn				1			ogram (Coordinator	5/9/18	3
00	•								1	3.20	
										FORM ES-3	38-R2

	NG AND EMP	LOYM ISHEI		CE G AND			Schwe 7419	eizer O CO RD	AME AND ADDRESS rchards 432 IO 64485			
2. HOUSING LO	OCATION						3. HOUSIN	IG DESCR	RIPTION			
7419 CO Savannah	RD 432 n, MO 6448	35					Traile	#22				
4. SLEEP ROOM (No. & Measur		a. Do	ormitory Type	4	1	b. Fan	nily Type	4	ES USE	ONL	Y	
Length	25.8	 			1			-	5. CAPACITY (Adults) 5			
Width	11.2								6. REGULATIONS COM ("x" proper box)	PLIAN	E Yes	No
Ceiling Height	t 8								Water			
Square Feet	288.96								Electricity		\boxtimes	
No. of Rooms	1								Site		\boxtimes	
No. of Beds, Single	5								Screening		\boxtimes	
No. of Beds o Bunks, Double									Heating		\boxtimes	
7. FACILITIES ((Number of eac	ch)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable I tubs	aundry				
Cook Stoves	Refrigerators	5	Garbage con	tainers	First-aid Kit	ts	Fire Exting	e)				
Washer ar Clothes lin	ne on site.	site.										
		ve revie	ewed the hous	sing regu	lations of th	e U.S. De	partment o	f Labor, U	.S. Training and Employmeresentatives of the State E	ent Ser	vice, and	I that
the housing de	escribed herein		neets 🔲 do						any reasonable time.	1		vice
I CERT the housing de office and/or E	escribed herein Employment an		neets 🔲 do		Type	o inspect ed Name a	the above t and Title	nousing at		Date	9	
I CERT the housing de office and/or E Employer's Signa	escribed herein imployment an ature	d Train	neets 🔲 do		Type	o inspect ed Name a	the above I	nousing at				
I CERT the housing de office and/or E Employer's Signa	escribed herein Employment an ature	d Train	neets 🔲 do		Type	o inspect ed Name a Cory Sc	the above the and Title chweizer,	nousing at		Date	5/9/18	
I CERT the housing de office and/or E Employer's Signa 10. HOUSING IN	escribed herein imployment an ature ASPECTED BY Norized Official	d Train	neets 🔲 do		Type	o inspect ed Name a Cory So	the above to and Title chweizer, and Title	CEO		Date	5/9/18	
the housing de office and/or Employer's Signation HOUSING IN Signature of Auth	escribed herein Employment an ature A Sulan NSPECTED BY Norized Official Wahn	d Train	neets	ation reg	Type Type Type	o inspect ed Name a Cory Sc ed Name a oyce Ha	the above hand Title chweizer, and Title ahn, Pro	CEO	any reasonable time.	Date	5/9/18	
I CERT the housing de office and/or E Employer's Signa 10. HOUSING IN	escribed herein Employment an ature NSPECTED BY Norized Official Hahn Housing app	d Train	neets	ation reg	Type Type July Type Type Type	o inspect ed Name a Cory Sc ed Name a oyce Ha	the above hand Title chweizer, and Title and Title ahn, Pro	CEO	any reasonable time.	Date	5/9/18 5/9/18	

U.S. Departmen					ministration				AME AND ADDRESS		
U.S. TRAINING					FACILITI			eizer O CO RD	rchards 432		
EWIPLOT			D HOUSIN ctions on Reve		FACILIII	IE2			10 64485		
2. HOUSING LO							3. HOUSIN	NG DESCI	RIPTION	_	
7419 CO F	RD 432						Traile	r #3			
Savannah		85					riano				
4. SLEEP ROOM (No. & Measure		a. D	ormitory Type	1 4	1	b. Fan	nily Type	4	ES USE ON	LY	
Length	25.6	1				-			5. CAPACITY 5		
Width	11.2								6. REGULATIONS COMPLIAN ("x" proper box)	NCE Yes	No
Ceiling Height	8								Water		
Square Feet	286.72								Electricity		
No. of Rooms	1								Site		
No. of Beds, Single	5								Screening		
No. of Beds or Bunks, Double									Heating		
7. FACILITIES (I		ch)								1	
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
Bathtubs	Movable Ba	thtubs	Laundry ma	chines	Fixed laund	Iry tubs	Movable I	laundry			
						•	tubs	,			
Cook Stoves	Refrigerator	· c	Garbage cor	ntainers	First-aid Kit	'e	Fire Extin	quichare			
00011 010100	reingerator	5	1	italiicis	1	.5	(No. & typ	ne)			
			1		1		1 abo)			
8. COMMENTS											
Large dum Washer an											
Clothes line		i Site.									
9. EMPLOYER'S											
I CERTII	FY THAT I ha	ve revi	ewed the hou	sing regu	lations of the	e U.S. De	partment o	f Labor, U	.S. Training and Employment Se resentatives of the State Employee	rvice, and	I that
office and/or Er	nployment ar	nd Train	ing Administr	ation reg	ional office to	o inspect	the above I	housing at	any reasonable time.	illent Serv	vice
Employer's Signat	ure	C.			Туре	d Name a	and Title		Da	te	
	<u>4.</u>	Jeh	welgie		C	Cory Sc	hweizer,	CEO	5	/9/18	
10. HOUSING IN					,						
Signature of Author	/				1 1 1 2 2 2 3	d Name a			Da	te	
Joyce or								gram C	Coordinator	/9/18	
			or occupancy	by work							
Signature of Author	,				1	d Name a		aram C	Coordinator		
Joyce or	ann				30	you Ha		grain C	oordinator :	5/9/18	

									Budo	get Bureau N	0.44	-R1358
U.S. Departme	ent of Lab	or, Employ	yment and Tra	aining A	dministration		1. EMPLO	OYER'S N	IAME AND ADDRESS		-	
U.S. TRAININ									rchards			
EMPLO	YER FU		D HOUSIN uctions on Reve		FACILITIE	S		CO RE	10 64485			
2. HOUSING LO	OCATION						3. HOUSII	NG DESC	RIPTION			
7419 CO	RD 432)					Traile					
Savannah	, MO 6	4485					Tranc	1 11-4				
4. SLEEP ROOM (No. & Measur	. —		ormitory Type	-			nily Type		ES USE	ONLY		
Length	-	6.6	3	4	1	2	3	4	E CADACITY	ONL		
		-				-			(Adults) 5			
Width	11	.2							6. REGULATIONS COMP ("x" proper box)		'es	No
Ceiling Height	. 8	3							Water	-	X	П
Square Feet	286	.72							Electricity		<u></u>	П
No. of Rooms	1								Site		<u> </u>	
No. of Beds, Single	5								Screening		<u> </u>	\exists
No. of Beds or Bunks, Double									Heating			님
7. FACILITIES (/	Number of	each)										_
Flush Toilets	Privy		Urinals		Lav. or Washb	pasins	Showerhe	eads				
Bathtubs	Movable	Bathtubs	Laundry mad	chines	Fixed laundry t	tube	Movable I	ounds.				
			Ladridiy ma	Jilli 163	i ixed laundry i	lubs	tubs	aundry				
Cools Char	D ()											
Cook Stoves	Refrigera	ators	Garbage cor	ntainers	First-aid Kits		Fire Exting					
			1		1		1 abo	- *				
8. COMMENTS										_		-
Large dum	pster o	n site.										
Washer and Clothes line												
Ciotnes line	e on sid	е.										
												1
9. EMPLOYER'S	CERTIFIC	CATION										
I CERTIF	Y THAT I	have revie	ewed the hous	ing regu	lations of the U.	S. Dep	partment of	Labor, U.	S. Training and Employmen	t Service a	and t	hat
the nousing des	cribed lie	rein Min	neets I do	es not m	eet such standa	irds I h	sereby auth	norize reni	resentatives of the State Em any reasonable time.	ployment S	ervi	ce
Employer's Signati	ure	1	ing raministre	llion reg	Typed Na			iousing at	any reasonable time.	Date		
	(1	Sal	housegon				chweizer	CEO				
0. HOUSING INS	SPECTED	BY:				ny St	Jiweizei	, CEO		5/9/18		_
Signature of Autho					Typed Na	ame ar	nd Title			Date		_
Douce Ho	ahn				173.75			aram C	oordinator			
7	Housing a	approved for	or occupancy	by work	ers recruited inte					5/9/18		-
ignature of Author			,	,	Typed Na					Date		
Joyce of	Yahn							gram C	oordinator	5/9/18		
11										0/3/10		

									Bude	net P	Bureau No. 44	4-R135
U.S. Departme U.S. TRAININ	ent of Labor, E	mploy	ment and Tra	ining A	dministration	1	1000		AME AND ADDRESS	JCLD	U(Gau 140, 4	4-1(135)
	YER FURN				FACILIT	IEC		CO RE	rchards 0.432			
			ections on Rever		ACILIT	IES			1O 64485			
2. HOUSING LO							3. HOUSII	NG DESC	RIPTION			
7419 CO	RD 432						Cafet					
Savannah	, MO 6448	35					Carci	Cila				
4. SLEEP ROOM (No. & Measur		a. D	ormitory Type	4	1	b. Far	nily Type		ES USE	ON	LY	
Length	5)		- -	4			3	4	5. CAPACITY			
Width							 		(Adults) 6. REGULATIONS COMP	LIA	NCE	
Ceiling Height							-	-	("x" proper box) Water		Yes	No
Square Feet								-				片
No. of Rooms				*			 		Electricity			
No. of Beds,	-								Site			ᆜ
Single No. of Beds or	-								Screening			
Bunks, Double									Heating			
7. FACILITIES (7	h)					,					
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads				
Bathtubs	Movable Bati	ntubs	Laundry mac	hines	Fixed laund	ry tubs	Movable	laundry				
							tubs					
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kits	s	Fire Extin	quishers				
2	1		2		1		(No. & typ	ne)				
8. COMMENTS							1 abo	;				
Large dum	nster on si	te										
Picnic table	es on site.											
4 tables &	ohoiro		Consilie	. [
2 sinks	chairs		Smoke a	alarm								
2 stoves												
3 door cool	ler											
freezer												
9. EMPLOYER'S			wod the beve	00 5001	.l_A:							
the nousing des	scribed nerein	MI	neets i Idoe	s not m	eet such star	ndards II	nerehy auth	norize reni	S. Training and Employmer resentatives of the State Em	it Se	rvice, and	that
Office and/of El	ripioyment and	Traini	ng Administra	tion regi	onal office to	inspect t	he above h	nousing at	any reasonable time.	pioy	ment Servi	ice
Employer's Signat	ure				Турес	l Name a	nd Title			Da	te	
<u> </u>	Schwige	-				Cory Sc	hweizer	CEO			5/9/18	
10. HOUSING IN												
Signature of Author	/ .					Name a				Da	te	
1	ahn							gram C	oordinator		5/9/18	
APPROVAL:		oved for	or occupancy t	y worke								
Signature of Autho						Name ar				Da	e	
Joyce of	rann				Jo	усе На	nn, Pro	gram C	oordinator		5/9/18	
11 11										\rightarrow		

U.S. Departme U.S. TRAININ	nt of Labor, E	mployr	nent and Tra	ining Ad	lministration				AME AND ADDRESS	Burea	iu No. 44	FR1358	
EMPLO	YER FURN				FACILITI	ES	7419	CO RD					
		e Instru	ctions on Rever	se)			Javai	iliaii, iv	IO 04400				
2. HOUSING LO							3. HOUSIN	NG DESC	RIPTION				
7419 CO Savannah		35					Show	er/Lava	itory				
4. SLEEP ROOM (No. & Measur			ormitory Type				nily Type	T	ES USE O	NI Y			
Length		2	3	4	1	2	3	4	5. CAPACITY				
Width									(Adults) 6. REGULATIONS COMPLI ("x" proper box)	IANCE	Yes	Ne	
Ceiling Height									Water		Tes	No	
Square Feet									Electricity	+	\boxtimes		
No. of Rooms									Site		\boxtimes		
No. of Beds, Single									Screening		\boxtimes		
No. of Beds or Bunks, Double									Heating		\boxtimes		
	7. FACILITIES (Number of each)												
Flush Toilets	Flush Toilets Privy Urinals Lav. or Was						Showerhe	eads					
6	Lav. of We						6						
Bathtubs					Fixed laundr	y tubs	Movable I tubs	aundry					
Cook Stoves	Refrigerators	3	Garbage con	tainers	First-aid Kits		Fire Extinuous (No. & type	e)					
8. COMMENTS													
office and/or Er	FY THAT I hav scribed herein mployment and	ve revie	eets doe	es not m	eet such stan	dards. I	hereby auth	horize repr	.S. Training and Employment resentatives of the State Emplany reasonable time.	Servic	e, and	that ice	
Employer's Signature Typed Nar						Name a				Date	E IO IA I		
10. HOUSING INSPECTED BY:						ory oc	TIWEIZEI,	OLU		+	5/9/18)	
Signature of Authorized Official Typed Nar Joyce								aram C	oordinator	Date			
11/APPROVAL: Housing approved for occupancy by workers recruited inters								grain O	Cordinator	5/9/	/18		
Signature of Author			pulloy	,						Date			
	7							gram C	oordinator	Date 5/9	/18		
111	Joyce grann Joyce							5/9/18					

U.S. Departmen	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE													
	G AND EMP /ER FURN				FACILIT	IES	5609	N. Blue	others Tree Farms, I Valley Rd	LLC				
		e Instru	ctions on Reve	se)			Indep	endend	e, MO 64058					
2. HOUSING LC							3. HOUSIN	NG DESC	RIPTION					
36305 E. E Sibley, MC		Rd.					Single	e Family	/ Frame House					
4. SLEEP ROOM		a. D	ormitory Type			b. Fan	nily Type		T 50 1105		10-2			
(No. & Measure	e) 1	2	3	4	1	2	3	4	ES USE	ONLY				
Length					13'6	15'2			5. CAPACITY (Adults) 10					
Width					12'9	12'1			6. REGULATIONS COMF ("x" proper box)	PLIANCE Yes	No			
Ceiling Height					9	9			Water	\boxtimes				
Square Feet					172	183			Electricity	\boxtimes				
No. of Rooms									Site	\boxtimes				
No. of Beds, Single									Screening	\boxtimes				
No. of Beds or Bunks, Double					2	2 3			Heating					
7. FACILITIES (I	7. FACILITIES (Number of each)													
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads						
1					1		1							
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	laundry tubs Movable laundry								
1			1			tubs								
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	1								
1	1		1		2		(No. & type)							
8. COMMENTS														
EMPLOYER'S L CERTIF			awed the house	ina reau	lations of the	alle Da		61 abaa 11	C T					
the housing des	scribed herein	\bowtie m	neets do	es not m	eet such sta	ndards. I I	hereby auth	norize repr	S. Training and Employme resentatives of the State En any reasonable time.	nt Service, and t nployment Servi	that ce			
Employer's Signat	ure		ing / tariiinistre	tion regi		d Name a		lousing at	any reasonable time.	Date				
Hept -				effx		Con	exal Mark	Date						
10. HOUSING INS	SPECTED BY	: Jov	ce Hahn			CICI	1,109	34	GENTL MAJE					
Signature of Author		,			Туре	d Name a	nd Title			Date				
Gove Stel								rkforce	Specialist IV	12/0/	P			
11. APPROVAL:	Housing appr	oved for	or occupancy	by work		07.0	1187			10177				
Signature of Antho		/				d Name a				Date				
Gorsa	Mel	-		Joyce Hahn, Workforce Specialist IV										

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE	EMPLOYER'S NAME AND ADDRESS Schwope Brothers Tree Farms, LLC				
EMPLOYER FURNISHED HOUSING AND FACILITIE					
(See Instructions on Reverse)	Independence, MO 64058				
2. HOUSING LOCATION	3. HOUSING DESCRIPTION				
22309 Blue Mills Rd. Independence, MO 64058	Single family house				
4. SLEEP ROOMS a. Dormitory Type (No. & Measure) 1 2 3 4 1	b. Family Type 2 3 4 ES USE ONLY				
Length D' L P' []	5. CAPACITY (Adults)				
Width 168 Q'S9'10	6. REGULATIONS COMPLIANCE ("x" proper box) Yes No				
Ceiling Height 8 8	Water 🖂 🗌				
Square Feet 203 114 8	Electricity				
No. of Rooms No. of Beds,	Site				
No. of Beds, Single No. of Beds or	Screening				
Bunks, Double	Heating				
7. FACILITIES (Number of each) Flush Toilets Privy Urinals Lay, or Washi					
Flush Toilets Privy Urinals Lav. or Washi	basins Showerheads				
Bathtubs Movable Bathtubs Laundry machines Fixed laundry	tubs Movable laundry tubs				
Cook Stoves Refrigerators Garbage containers First-aid Kits	Fire Extinguishers				
	(No. & type) 2 ABC				
8. COMMENTS	- KBC				
NO laundry facilities. Tran	rsportation will be provided				
for laundry + groceries.					
office and/or Employment and Training Administration regional office to in	J.S. Department of Labor, U.S. Training and Employment Service, and that ards. I hereby authorize representatives of the State Employment Service aspect the above housing at any reasonable time.				
Employer's Signature Typed N	Name and Title Date				
10. HOUSING INSPECTED BY:	HKING GEWERAL MGC 12-18-18				
	Name and Title Date				
7 7	byce Hahn, Program Coordinator 12-18-18				
11/APPROVAL: Housing approved for occupancy by workers recruited int	interstate.				
	lame and Title Date				
Joyce Hahn Joyce	ce Hahn, Program Coordinator				

									Buda	et Bureau No. 4	1-R135		
U.S. Departme U.S. TRAININ	ent of Labor, E	Employ	ment and T	raining A	dministration	n	1		IAME AND ADDRESS		4-1(155		
. 1	YER FURN				. F.A.O.II IT		Schw	vope Br	others Tree Farms, L e Valley Rd	.LC			
Zimi EO			uctions on Re		PACILIT	IES	Indep	penden	ce, MO 64058				
2. HOUSING LO	OCATION						3. HOUSI	NG DESC	RIPTION				
21704 E.									y House				
Independe	ence, MO	6405	8				09	o i diiii	y riouse				
4. SLEEP ROOM			ormitory Ty			b. Fai	nily Type						
(No. & Measur	re) 1 23'5	2		4	1	2	3	4	5. CAPACITY				
		25			ONDE				(Adults)	28			
Width	29	23'	'4 12'6	12'7	1211				6. REGULATIONS COMPL ("x" proper box)	LIANCE Yes	No		
Ceiling Height	10	10	8	8	8				Water	\boxtimes			
Square Feet	679	58	3 134	173	a85				Electricity	\boxtimes			
No. of Rooms									Site				
No. of Beds, Single									Screening	\boxtimes			
No. of Beds or Bunks, Double	Bunks, Double 4 5 2 2 FACILITIES (Number of each)								Heating	\boxtimes			
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads	1				
4					3	3 5							
Bathtubs	Movable Bati	htubs	Laundry m	achines	Fixed laund	ry tubs	Movable I	laundry					
1							tubs						
Cook Stoves	Refrigerators	;	Garbage co	ontainers	First-aid Kits		Fire Extin	auishers					
5	5		3		6	(No. & type)							
8. COMMENTS						6							
Laundry fac	cilities in B	Ruckn	er-5 mile	,c									
3 microway	es	dokii	ici-5 iiile	75									
9. EMPLOYER'S	CERTIFICATI	ON:	wed the he	ioina soci	lations of the								
	or ibod i ioi oii i	VVIII	iccio i iu	des noi m	eer such star	inarde i i	DATANU SLITE	SOFITO FOR	S. Training and Employment resentatives of the State Emp	Service, and	that		
office and/or Em Employer's Signati	-projinoni ana	Traini	ng Administ	ration regi	Onar Office to	inspect t	ne above n	ousing at	any reasonable time.	noyment bervi			
	12 ind					Name a		0		Date			
10. HOUSING INS	DECTED BY			J	ett	KING	Ge	NERAL MAR	12-18-18	}			
Signature of Author		Joy	ce Hahn	- No.	Torred	N	170		•				
//-	4 1	11			0.00	Name ar		aram C	oordinator	Date			
1. APPROVAL:	Housing appro	oved fo	or occupanc	v by works				graffi C	OUTUITIA(OF	12-18-1	8		
Signature of Author	ized Official		- occupant	y by WOIKE		Name ar			T,	Data			
do	uc to	_					gram C	- P - 1	Date				
-	Jague Har						Joyce Hahn, Program Coordinator						

U.S. Departme U.S. TRAININ EMPLO	G AND EM	PLOYM	ENT SERV	CE	dministration PACILITIE	S	Schw 5609	ope Bro N. Blue	others Tree Farms, Valley Rd	LLC	NO. 44	F-K1358
		ee Instruc	tions on Reve	rse)			Indep	endend	ce, MO 64058			
2. HOUSING L							3. HOUSI	NG DESC	RIPTION			
21704 E. Independe							Single	e Famil	y House			
4. SLEEP ROOM		a. Do	mitory Type			b. Fan	nily Type		T 50 1105			
(No. & Measur	e) 1	2	3	4	1	2	3	4	ES USE	ONLY		
Length	23'5	25	10'6	13'6					5. CAPACITY (Adults) 2	26		
Width	29	23'4	12'6	12'7					6. REGULATIONS COM ("x" proper box)		Yes	No
Ceiling Height	10	10	8	8					Water		M	
Square Feet	679	583	134	173					Electricity			
No. of Rooms									Site		\boxtimes	
Single No. of Beds or									Screening		\boxtimes	
Bunks, Double	4	5	2	2					Heating		\boxtimes	
7. FACILITIES (,					
Flush Toilets	Privy	1	Jrinals		Lav. or Washi	basins	Showerhe	eads				
4					3		5					
Bathtubs 1	Movable Ba	thtubs L	aundry mac	hines	Fixed laundry	dry tubs Movable laundry tubs						
Cook Stoves	Refrigerator	e /	Parhago con	Painose	First sid Kits		F: - F ::					- 1
5	5		Garbage con	lamers	First-aid Kits		Fire Exting (No. & type)					
8. COMMENTS Laundry fa 3 microway	cilities in E ves	Buckne	r-5 miles									
the housing des	Y THAT I ha	ve review	etsdoe	s not m	eet such standa	ards. I h	ereby auth	orize repr	S. Training and Employme esentatives of the State Er any reasonable time.	ent Service, mployment	and the Service	hat
Employer's Signat	ure .				Typed N	lame ar	nd Title			Date		
Jeff)							My G	ever	AlMANAGER	12.10	- 1	7
10. HOUSING IN	SPECTED BY	: Joyce	: Hahn			.,,	1	- Pock	411111111111111111111111111111111111111	10-13	> 1	/
Signature of Autho	rized Official	PA			Typed N Jovo			gram C	oordinator	Date /2 . 16	- 1	7
1. APPROVAL Housing approved for occupancy by workers recruited inters							, , , , ,			10/5	5-1	
Signature of Aurio		1		,	Typed N		d Title			Date		
(for	/ / / //								oordinator	12.1	<u>.</u> . /	7
/ /	,									4		

Form Approved

II S Dansatan	61 1	r					I. ELE		Budget Bu	reau No. 44-	-R1358
U.S. Departm U.S. TRAINI	ient of Labor, NG AND EM	Employ PLOYA	ment and Tr	aining .	Administrati	ion	1		NAME AND ADDRESS		
	YER FURN				ID 54011		Schw	ope B	rothers Tree Farms, LLC		
			ctions on Rev		ID FACILI	TIES	Indep	iv. biu enden	ie Valley Rd ice, MO 64058		
2. HOUSING L			thons on Ken	756)							
1	Bone Hill	D4					3. HOUSII				
Sibley, M	O 64088	Ru.					Single	e Fami	ly Frame House		
1											
4. SLEEP ROOF		a. Do	ermitory Type)		h Fa	mily Type				
(No. & Measu	re) 1	2	3	4	1	2	3	4	ES USE ONL	Y	
Length					13'6	15'2			5. CAPACITY (Adults) 10		
Width					12'9	12'1			6. REGULATIONS COMPLIAN ("x" proper box)		_
Ceiling Heigh	t				9	9			(x proper box) Water	Yes	No
Square Feet					172	183			Electricity		님
No. of Rooms									Site		
No. of Beds, Single						1			Screening		
No. of Beds or Bunks, Double					2	3					$\exists 1$
7. FACILITIES (the state of the s	th)					1		Heating		
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerhe	ade			
1					1	30110001113	1	aus			
Bathtubs	Movable Bati	htubs I	aundry mac	hines	Fixed laun	dry tubs	Movable la	unde.			
1			1			ary tabs	tubs	aunary			
Cook Stoves	Refrigerators	(Sarbage con	lainers	First-aid Ki	its	Fire Exting	wichore			
1	1		1		2	ns.	(No. & type	e)			
8. COMMENTS							2				- 1
EMELOVE -											
EMPLOYER'S (Y THAT I have	e review	ed the housi	no requ	lations of the	115 0-					-
the housing desi	cribed herein	⊠ me	ets does	s not me	eet such sta	ndards. H	partment of Li nereby author	.abor, U.: rize repre	S. Training and Employment Servi esentatives of the State Employme	ice, and that	t
pployer's Signatu	Name of Street, or other Designation of the Owner, where the Parket of the Owner, where the Owner, which is the Owner, which	Training	Administrat	on regi	The office to	o mapeci u	ne above no	using at a	esentatives of the State Employme any reasonable time.	on ocivioc	
LINE	Since				Type	o Name ar	/		Date	-71,7	
D. HOUSING INS	PECTEQ BY:	Joyce	Hahn		136	77	ing e	jene	est H MANAger 12	2111	
gnature of Author	ized Official	7			Typed	Name ar	nd Title				_
four	Joyn Hol						2000	force S	Specialist IV Date	11-1-7	
I. APPROVAL	APPROVAL Housing approved for occupancy by workers						Joyce Hahn, Workforce Specialist IV /2 /5				
gnature of Authori	ture of Authorized Official						d Title		Date		-
Lorce	Her				1			force S		15-17	
1 4					1				10	1311	

U.S. TRAINING AND BARLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES EMPLOYER FURNISHED HOUSING AND FACILITIES Schwope Brothers Tree Farms, LLC 500 N. Blue Valley Rd Independence, MC 64058 2. HOUSING LOCATION 2.1704 E. Old Atherton Independence, MC 64058 Single Family House Single Family House 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 5. SOMMODE STREET TON Single Family House Single Family House 8. SEGULATIONS COMPLIANCE (%*epo*bac) Width 29 234 126 127 Lengli 29 3 4 1 2 3 4 . CAPACITY (Activity) Lengli Longli Longli Longli 10 10 8 8 8 Waler Squeer Feet 679 583 134 173 Sleed of Carbon Carbon No. of Bods or Sleeds No.			-									reau No. 44	1-R135
EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse) 2. HOUSING LOCATION 2. HOUSING LOCATION 2. HOUSING LOCATION 2. HOUSING LOCATION 2. HOUSING LOCATION 3. HOUSING DESCRIPTION Single Family House 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 5. Admession 5. Admession 6. CAPACITY 6. REGULATIONS COMPILIANCE 7. **Proper body 6. REGULATIONS COMPILIANCE 7. **Proper body 7. Steeper body 8. Refigerations 8. Creaming 1. Site 1. Screening 1.	U.S. Departme	ent of Labor,	Employ	yment a	ınd Tra	ining A	dministratio	n	1. EMPL	DYER'S N	AME AND ADDRESS		
Independence, MO 64058 Independence, MO 64	U.S. TRAININ	IG AND EM	IPLOYI	MENT	SERVI	CE						í	
2. HOUSING LOCATION 21704 E. Old Atherton Independence, MO 64058 4. SLEEP ROOMS 4. SLEEP ROOMS 5. Domilary Type 1. Demily 1. Demily Type 1. Demily 1	EMPLO	YER FURI	NISHE	D HO	USIN	G AND	FACILIT	TIES					
21704 E. Old Atherton Independence, MO 64058 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 5. Demillory Type 6. Refull ATONS COMPLIANCE Celling Height 10 10 8 8 Water Celling Height 10 10 8 8 Water Celling Height 10 10 8 8 Water Celling Height 10 10 8 8 Water Celling Height 10 10 8 8 Water Square Feet 679 683 134 173 Electricity Mo. of Rooms No. of Bads, Single Site Converting Single Rooms No. of Bads Single Site Creaming Converting Single Refugerators Garbage containers First-aid Krits First-aid		6	See Instr	uctions o	on Reve	rse)			Indep	endend	ce, MO 64058		
Independence, MO 64058 4. SLEEP ROOMS	2. HOUSING LO	CATION							3. HOUSI	NG DESC	RIPTION		
Independence, MO 64058 4. SLEEP ROOMS	21704 E	Old Ather	ton						Single	Familia	v House		
4. SLEEP ROOMS				8					Onigi	o raiiiii	y riouse		
Length 23°6 25 10°6 13°6		,											
Length 23°6 25 10°6 13°6	4 SI EEO DOON	10	0 0	Compiler	v Tunn			L 6-	-th. T.m.				
Length 23'6 25 10'8 13'8					Contract of the Contract of th	4	1			4	ES USE ON	_Y	
Wildlin 29 23'4 12'8 127	Length	23'5	2	5	10'6	13'6						***************************************	
Coelling Height 10 10 8 8	Width	29	23	14	12'6	12'7					6. REGULATIONS COMPLIAN		No
No. of Rooms No. of Beds, Single No. of Beds or Bunks, Double 1 5 2 2	Ceiling Height	10	10	0	8	8							
No. of Beds, Single No. of Beds or Sunks, Double Island No. of Beds or Sunks, Double Island No. of Sunks, Double Island No. of Sunks, Double Island No. of Sunks, Double Island No. of Sunks, Double Island No. of Sunks, Double Island No. of Sunks, Double No. of	Square Feet	679	58	3	134	173					Electricity	X	
Single Screening Screening Screening Screening Screening Screening Screening Single No. of Bads or Bunks, Double 4 5 2 2 Heating Screening Screening Sunks, Double Sunks											Site	X	
Butks, Double 4 5 2 2 7. FACILITIES (Number of each) Firush Toilets Privy Urinals Lav. or Washbasins Showetheads 3 5 5 Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable isundry tubs Laundry machines Fixed laundry tubs Laundry machines Fixed laundry tubs Laundry tubs Laundry facilities in Buckner-5 miles 3 6 6 6 B. COMMENTS Laundry facilities in Buckner-5 miles Garbage containers First-aid Kifts Fire Extinguishers (No. & type) 6 B. COMMENTS Laundry facilities in Buckner-5 miles Garbage content	Single										Screening	X	
First-rollets Privy Urinals Law. or Washbasins Showerheads 3 5 Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs 1 Cook Stoves Refrigerators Garbage contellners First-aid Kits Fire Extinguishers (No. & hype) 5 3 6 First-aid Kits Fire Extinguishers (No. & hype) 6 Refrigerators Sunder First-aid Kits Fire Extinguishers (No. & hype) 6 Refrigerators Sunder First-aid Kits Fire Extinguishers (No. & hype) 7 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Date 1 Typed Name and Title Joyce Hahn, Program Coordinator 1 APPROVAL: Flousing approved for occupancy by workers recruited interstate. Ignature of fultrorized Official Typed Name and Title Date		Bunks, Double 4 5 2 2									Heating	\boxtimes	
Belthtubs Moveble Belthtubs Laundry machines Fixed laundry tubs Moveble laundry tubs 1 Cook Stoves Refrigerators Garbage conteiners First-aid Kifs Fire Extinguishers (No. & type) 5 S S S S S S S S S	7. FACILITIES (
Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs	Flush Toilets	Privy		Urinal	\$		Lav. or Wa	shbasins	Showerhe	ads			
1 tubs Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Extinguishers	4						3		5				
Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Extinguishers (No. & type) 6 8. COMMENTS Laundry facilities in Buckner-5 miles 3 microwaves 9. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein	Bathtubs	Movable Ba	thtubs	Laund	ry mac	hines	Fixed laund	dry tubs	Movable I	aundry			
8. COMMENTS Laundry facilities in Buckner-5 miles 3 microwaves DEMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Typed Name and Title Date Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAJ: /flousing approved for occupancy by workers recruited interstate. Inginature of Authorized Official Typed Name and Title Date	1							lubs					
8. COMMENTS Laundry facilities in Buckner-5 miles 3 microwaves D. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Jeff King - General Manager Date Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAJ: Plousing approved for occupancy by workers recruited interstate. Ignature of Authorized Official Typed Name and Title Date	Cook Stoves	Refrigerator	8	Garba	ge conf	alnera	First-aid Ki	is	Fire Extin	guishers			
EAUNDRY Facilities in Buckner-5 miles 3 microwaves D. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Typed Name and Title Date JOHOUSING INSPECTED BY: Joyce Hahn Ignature of authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Ignature of authorized Official Typed Name and Title Date	5						6		(No. & typ				
Laundry facilities in Buckner-5 miles 3 microwaves D. EMPLOYER'S CERTIFICATION: 1 CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date JOHOUSING INSPECTED BY: Joyce Hahn Typed Name and Title Date JOYCE Hahn, Program Coordinator 2:21-10 1. APPRIOVAL: Housing approved for occupancy by workers recruited interstate. Ignature of fulthorized Official Typed Name and Title Date				<u> </u>					6				
D. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☐ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature ☐ Typed Name and Title ☐ Date ☐ Joyce Hahn Identify ☐ Joyce Hahn, Program Coordinator ☐ Joyce Hahn ☐ Joyce		_11141 f f	n										
Described in the following described herein meets of does not meet such standards. I hereby authorize representatives of the State Employment Service, and that the housing described herein meets office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Typed Name and Title Date Joyce Hahn Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAJ: Housing approved for occupancy by workers recruited interstate.	Laundry rac	cilities in i	Buckn	16L-2 I	miles								
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Typed Name and Title Date Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Ignature of Muthorized Official Typed Name and Title Date Typed Name and Title Date	3 microway	62											
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Typed Name and Title Date Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Interpretation of Muthorized Official meets and Title posterior of Muthorized Official posterior interstate.													
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Typed Name and Title Date Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Ignature of Muthorized Official Typed Name and Title Date Typed Name and Title Date													
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Typed Name and Title Date Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Ignature of Muthorized Official Typed Name and Title Date Typed Name and Title Date													
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Typed Name and Title Date Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Ignature of Muthorized Official Typed Name and Title Date Typed Name and Title Date													
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office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Jeff King - General Manager Ja-Ja-16 O HOUSING INSPECTED BY: Joyce Hahn Identifying a proved for occupancy by workers recruited interstate. In approval: Approval official Typed Name and Title Joyce Hahn, Program Coordinator Ja-Ja-16 Typed Name and Title Date Joyce Hahn, Program Coordinator Ja-Ja-16 Typed Name and Title Date Joyce Hahn, Program Coordinator Ja-Ja-16 Typed Name and Title Date D													
Typed Name and Title Jeff King - General Manager July - July O HOUSING INSPECTED BY: Joyce Hahn Identifying Inspected Official Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Ignature of Muthorized Official Typed Name and Title Date Date												HOIR OOM	~
HOUSING INSPECTED BY: Joyce Hahn Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Typed Name and Title Date Typed Name and Title Date												8	
HOUSING INSPECTED BY: Joyce Hahn Typed Name and Title Joyce Hahn, Program Coordinator 1. APPROVAL: Flousing approved for occupancy by workers recruited interstate. Typed Name and Title Date Typed Name and Title Date	Heff	Kine	7				J.	effk	1N9-6	realea	ed MANAGER 1	1-16-1	6
Joyce Hahn, Program Coordinator 1. APPROVAL: Housing approved for occupancy by workers recruited interstate. Ignature of Mulhorized Official Typed Name and Title	O HOUSING INS	PECTED BY	: Joy	ce Hahi	n				0				
APPROVAL: Flousing approved for occupancy by workers rectuited interstate. Ignature of Mulhorized Official Typed Name and Title Date	ignature of fluthor	rized Official	7	1			Турес	Name a	nd Title		Date	3	
ignature of Authorized Official Typed Name and Title Date	do	ce &	Ja	1_			Jo	усе На	hn, Prog	gram C	oordinator /	2.21-	16
ignature of hemonia of the second of the sec	41		roved fo	or occur	oancy b	y worke	-						
Guyce That Joyce Hahn, Program Coordinator 122116	ignature of Kuthor	ized Official	/	1			1					1	, 1
	Cfun	u T				Joyce Hann, Program Coordinator 12-21-16							

·						A				Bureau No. 44	1-R1358	
U.S. Departme U.S. TRAINII EMPLO	NG AND E	MPLOYN RNISHE	ment and Tra MENT SERV D HOUSIN totions on Reve	ICE G AND		Schwope Brothers Tree Farms, LLC						
2. HOUSING L	OCATION	fore mone	OHORS ON MEST	100)			2 UOUGIN	O DESC	ODTION			
36305 E. Sibley, M	Bone Hi						3. HOUSIN		y Frame House			
4. SLEEP ROOF			ormitory Type	~~~~~~~~	1,	-	mily Type		ES USE O	NLY		
Length	18) 1	2	3	4	13'6	15'2	3	4	5. CAPACITY 10			
Width		1		 	12'9	12'1			6. REGULATIONS COMPLI	ANCE Yes	No	
Celling Heigh	1				9	9			('x" proper box) Water	Tes		
Square Feet					172	183			Electricity	\boxtimes		
No. of Rooms									Site	\boxtimes	口	
No. of Beds, Single									Screening	×		
No. of Beds of Bunks, Double					2	3			Heating	\boxtimes		
7. FACILITIES (Number of	each)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	ads				
1)			1		1					
Bathtubs	Movable I	Bathtubs	Laundry mad	hines	Fixed laund	ry tubs	Movable Is	undry				
1			1				tubs					
Cook Stoves	Refrigerat	tors	Garbage con	tainers	First-ald Kit	8	Fire Exting	ulshers				
1	1		1		2		(No. & type	"				
8. COMMENTS							1					
											10	
the housing des	FY THAT I I	hava revie ein 🔯 m	eets 🔲 doe	s not me	et such star	ndards. I	hereby author	orize repr	S. Training and Employment sesentatives of the State Employee	Service, and oyment Serv	that ice	
omce and/or En		and Irainii	ng Administra	tion regi				ousing at	any reasonable time.	V-4-		
Total a signal	Sign	7			Je	Name a	Service Services	ener	Al MANAgen)ate 12-21-1	16	
o Housing in	SPECTED	BY: Joyc	e Hahn		•		<u> </u>					
ignature of Autho	rized Official	al /	/		1	Name a		dorce:	Specialist IV) 3.2/-/	/	
1. APPROVAL:	Housing as	nnroyad fo	r occupancy	hu waska						10011		
Ignature of Autho			- occupancy	UY WUIKE		Name a			lo	ate	$\overline{}$	
(kins.	1/42	L	******		1			dorce :	Specialist IV	12-21-1	1	
The state of the s	-										10	

IIC D										Budget Bureau No. 44	4-R1
U.S. TRAIN	ment of Labor, NING AND EM	PLOYME	NT SERV	/ICE			1		NAME AND ADDRESS rothers Tree Farms		
EMPL	OYER FUR! کار	NISHED See Instruction			FACILI	TIES	5609	N. Blu	e Valley Road ce, MO 64058	s, LLO	
2. HOUSING							3. HOUSII				
21704 E	. Old Ather	ton									
Indepen	dence, MO	64058					Sirigit	Fraiiii	ly Frame House		
4. SLEEP ROO (No. & Meas		a. Dom	itory Type	7			mily Type		ES US	E ONLY	
Length	23'5			4	, 1	2	3	4	5. CAPACITY	E UNLY	
Width	29'	23'4	106						(Adults) 6. REGULATIONS COI		
Ceiling Heig	ht 10	10	8	8					("x" proper box) Water	Yes	No
Square Feet	679	583	134	173					Electricity		
No. of Room	s								Site		_
Single No. of Beds	or II.a.	4							Screening	$\overline{\mathbb{A}}$	
Bunks, Doub	le 43.3	5	2	2					Heating	X	П
7. FACILITIES Flush Toilets											_
Flush Tollets	Privy	Urir	nals	L	av. or Was	hbasins	Showerhea	ads			
4						5					
Bathtubs	Movable Bath	itubs Lau	ndry macl	nines F	xed laundry tubs Movable laundry			undry			
/							tubs	,			
Cook Stoves	Refrigerators	Garl	page cont	ainers F	irst-aid Kits		Fire Extingu	ishers			
) 5	5		7		/		(No. & type,)			
8. COMMENTS					6		6				
Laund	iry fac	ciliti	es '	MI	Buckr	191	- 5 n	nile	5		
3 mi	crowai	les									
9. EMPLOYER'S	CERTIFICATIO	N·									
I CERTIF	Y THAT I have	reviewed t	he housin	g regulation	ons of the L	J.S. Depa	rtment of La	abor U.S	. Training and Employme	nt Consider and the	
office and/or Em	cribed herein	meets raining Ad	does	not meet	such stand	ards. I he	reby author	ize repre	. Training and Employme sentatives of the State En	nployment Service	at
Employer's Signatu		railing Au	iiiiiistiatio	n regiona	onice to ii	spect the	above nou	sing at a	sentatives of the State En ny reasonable time.		
Cettle	June				AV.	/	7	1211	Date / _ /		
10. HOUSING INS	PECTED BY:				7/21	Ng G	enen	A/ WANAGE	1/3/16	\Box	
Signature of Author		1.			lome and	Till-		- WAR		\Box	
Delvin	m	ush			Typed Name and Title Debra Minish, State Monitor Advocate						
11. APPROVAL:	Housing approv	ed for occu	pancy by	workers n			on, otate	. 14101111	Nuvocate	1-5-16	_
Signature of Author	ized Official				Typed N		Title			Dete	_
Do Ly As	\bigcap	inh				bra Minish,State Monitor Advocate					
The Car	- I Lev						,		. , la vocale	1-5-16	

										P	orm Approved	44.04
U.S. Departr	nent of Labor, ING AND EM	Empl	oyme	ent and Tr	aining A	Administrati	on	1. EMPL	OYER'S	NAME AND ADDRESS	udget Bureau No.	44-R1
	OYER FURI	NISH	ED		IG AN	D FACILI	TIES	5609	N. Blu	rothers Tree Farms e Valley Road ce, MO 64058	, LLC	
2. HOUSING			, acin	ons on Nev	erse)							
36305 E Sibley, M	. Bone Hill 10 64088	Rd.						3. HOUSI		y Frame House		
4. SLEEP ROC				itory Type)		b. Fa	mily Type				
(No. & Meast	ure) 1	+	2	3	4	1	2	3	4	ES USE	ONLY	
Width						13'6	15'5	7		5. CAPACITY (Adults) 6. REGULATIONS COM	IPLIANCE	
Ceiling Heigh	nt					9	9			("x" proper box) Water	Yes	No
Square Feet						172	183			Electricity	<u>X</u>	F
No. of Rooms	5									Site		
Single No. of Beds o	r		_							Screening	X	Ē
Bunks, Double	Bunks, Double FACILITIES (Number of each)						3			Heating	X	
Flush Toilets	Privy	h)	Linia									
1	l' livy		Oni	nals		Lav. or Was	shbasins	Showerhea	ads			
/ Bathtubs	Maurella D. III					/		/				
	Movable Bath	itubs	Lau	ndry mact	nines	Fixed laund	ry tubs	Movable la tubs	undry			
Cook Stoves	Refrigerators		Gart	page cont	ainers	First-aid Kits	3	Fire Extings (No. & type	uishers			
8. COMMENTS	/			/		d		2				
EMPLOYER'S (CERTIFICATIO	N:		-								
the housing desc office and/or Em mple/yer's Signate	ployment and T	reviev me rainin	ved to eets g Ad	he housing does ministration	g regula not mee in regior	nal office to i	U.S. Departured in the second	above hou	abor, U.S ize repres ising at ar	Training and Employmen sentatives of the State Employmens reasonable time.	ployment Service	nat æ
HOUSING INSI	PEO ED BY:					Je	H/Ci	_	Nex	w/ Mowages	Date 1/5/14	
nature of Authori						Typed N	Name and	Title			Data	\Box
John 1	Meni	ah				Deb	ra Mini		Monit	or Advocate	Date 1 -5 - 12	
APPROVAL: H	lousing approve	ed for	occu	pancy by	workers							
)	Onicial,	`	1				lame and				Date	
Lebla	_ 1 1 fl	an			Deb	ra Mini	sn, State	Monito	r Advocate	1-5-11	-	

U.S. Departme U.S. TRAININ	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES								1. EMPLOYER'S NAME AND ADDRESS SOL Harvesting LLC					
EMPLO					FACILIT	IES	2721	Sequo	yah Dr. FL 33844					
2. HOUSING LO		(See Instri	uctions on Rev	erse)										
21531 Sta Waverly, I	ite Hwy		Housir	ng #1			3. HOUSII Barra	oks Sty						
4. SLEEP ROOM		a. D	ormitory Typ	e		b. Far	nily Type		T		_			
(No. & Measur		2		4	1	2	3	4		E ONLY				
Length	21'9	9 21	'9 21'9	21'9					(Addits)	16				
Width	11'8	8 11'	'8 11'8	11'8					6. REGULATIONS CON ("x" proper box)	MPLIANCE Yes No	0			
Ceiling Height									Water					
Square Feet	258	25	8 258	258					Electricity	X	7			
No. of Rooms									Site		7			
No. of Beds, Single									Screening		<u>-</u>			
No. of Beds or Bunks, Double	2	2	2					Heating		<u></u>				
7. FACILITIES (I	Number of e	each)												
Flush Toilets	Privy		Urinals		Lav. or Was	hbasins	Showerhe	eads	1					
2					4		2							
Bathtubs	Movable E	Bathtubs	Laundry ma	chines	Fixed laund	ny tuhe	Movable I	ounds.						
				0111100	i ixed lauridi	y tubs	tubs	auriury						
Cook Stoves	Refrigerati	ors	Garbage co	ntainers	First-aid Kits		F: F #							
4	4		4	italifers	4	•	Fire Exting (No. & typ							
8. COMMENTS							4				╛			
Lock boxes	provide	ed.					02/2	10						
							20	VC						
Bused to gr	ocery st	tore on	ce a weel	ζ.) 12.	a Ale	350					
Bused to do	laundr	y once	a week.				× 1 //	~ / / C	379					
9. EMPLOYER'S											_			
I CERTIF	Y THAT I h	nave revie	ewed the hous	sing regu	lations of the	U.S. Dep	artment of	Labor, U.	S. Training and Employm	ent Service, and that				
office and/or Em	ployment a	and Traini	ng Administra	es not mo	eet such stan onal office to	inspect t	iereby auth ne above h	orize repr	 Iraining and Employm esentatives of the State E any reasonable time. 	imployment Service				
Employer's Signati	ire	<u> </u>				Name a		odollig dt	diff reasonable time.	Date	+			
Law	4	alles			Pa	1,15	Peter	c C		7/11/18				
10. HOUSING INS			ce Hahy	- //	15	114.	100				1			
Signature of Author	rized Officia		Min	till	099	Name ar		oram C	oordinator	Date				
11. APPROVAL:	Housing ap	oproved fo	or occupancy	by worke	ers recruited in			,		1/11//	7			
Signature of Author	ized Officia	al /		, , ,	c/ HT	Name ar				Date /	+			
You	pu k	tal	Min	tel	Marson,	/ce Ha	hn, Prog	gram Co	oordinator	1////////	1			
/			0	100000000000000000000000000000000000000	/					1//////////////////////////////////////	7.1			

U.S. Departmer	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE								1. EMPLOYER'S NAME AND ADDRESS				
								Harvest Sequoy	ing LLC				
EMPLOY			D HOUSIN actions on Reve		FACILIT	IES			FL 33844				
2. HOUSING LO		ee msiru	ctions on Reve	erse)			3. HOUSIN						
21531 Sta							500						
Waverly, N		Hou	ısina #2				Багга	cks Styl	е				
, , , , ,			9 // _										
4. SLEEP ROOM	IS	a. D	ormitory Type	9		b. Far	mily Type						
(No. & Measure	9) 1	2		4	1	2	3	4		JSE ONLY			
Length	15'6	15'	6 15'6	15'6					5. CAPACITY (Adults)	16			
Width	15'4	15'	4 15'4	15'4					6. REGULATIONS C ("x" proper box)	OMPLIANCE	Yes	No	
Ceiling Height									Water				
Square Feet	240	240	0 240	240					Electricity		\boxtimes		
No. of Rooms									Site				
No. of Beds, Single									Screening		\boxtimes		
No. of Beds or Bunks, Double		2	2	2					Heating		\boxtimes	$\overline{\Box}$	
7. FACILITIES (A		nch)							100			_	
Flush Toilets	Privy		Urinals	***************************************	Lav. or Wa	shbasins	Showerhe	eads	l				
2					4		2						
Bathtubs	Movable Ba	thtubs	Laundry ma	chines	Fixed laund	ed laundry tubs Movable laundry							
						tubs							
Cook Stoves	Refrigerator	'S	Garbage co	ntainers	First-aid Ki	ts	Fire Extin						
4	4		4		4		(No. & typ	pe)					
8. COMMENTS													
Lock boxes	provided	d.			V	~ [0]	ac e	1000	10.0				
Bused to gr	rocery sta	oro on	60 0 W00	L.		Pi	I C	Pu	inner				
buseu to gi	locery sic	ne on	ce a wee	K.)	ma t	1/255	S					
Bused to de	o laundry	once	a week.				3	-					
							3 r	eplac	(ح)				
								1					
9. EMPLOYER'S											-		
I CERTIF	Y THAT I ha	ave revie	ewed the houneets de	sing regu	lations of th	e U.S. De	epartment o	f Labor, U	S. Training and Emplo	syment Service	e, and	that	
				ation reg	ional office t	o inspect	the above h	norize repi nousing at	resentatives of the Sta any reasonable time.	te Employmer	it Serv	ice	
Employer's Signat		۸				d Name a				Date		_	
Saul Johnson Paul Peters 7/11/X										X			
10. HOUSING IN			ce Hahn	N								10	
Signature of Author	rized Official	1	wite	Ville	70)	d Name a				Date	, 1,	a	
- Loye	e/ta	UX.						gram C	oordinator	///	1//	8	
11. APPROVAL: Signature of Autho		1	oroccupancy	1/1	-								
Signature of Autilo	/ / /		bute,	Inis	n "			aram C	oordinator	Date	, /	10	
Jaya	1000	19				Jyou i le	aiii, F10	grain C		////	///	0	

U.S. Departmer U.S. TRAINING	nt of Labor, E	Employ	ment and Tra	ining Ac	lministration				AME AND ADDRESS				
	ER FURN				FACILITI	IES		Sequoy	ing LLC ⁄ah Dr.				
			ctions on Reve				Haine	s City,	FL 33844				
2. HOUSING LO	CATION						3. HOUSIN	NG DESCR	RIPTION				
28373 Arb	or Lane					3	Bunkh	nouse A					
Malta Bend	d, MO 653	339											
4. SLEEP ROOM (No. & Measure	1075	a. Do	ormitory Type	4	1		nily Type		ES USE ON	LY			
Length	15'3	15"		15'3		2	3	4	5. CAPACITY 16				
Width	15'5	15'	8 15'3	15'5					6. REGULATIONS COMPLIAN				
Ceiling Height									("x" proper box) Water	Yes 🖂	No		
Square Feet	237	237		Electricity		닒							
No. of Rooms	1	1	1		Site		퓜						
No. of Beds, Single					Screening		눼						
No. of Beds or Bunks, Double		2	2		Heating		퓜						
		ch)						L			ᅴ		
7. FACILITIES (Number of each) Flush Toilets Privy Urinals Lav. or Washbasins Showerheads													
Privy Urinals Lav. or Washbasins Showerheads 2													
Bathtubs	Movable Ba	thtubs	Laundry mad	chines	Fixed laund	lry tubs	Movable I	aundry	8				
			88.00				tubs						
Cook Stoves	Refrigerator	S	Garbage cor	ntainers	First-aid Kit	S	Fire Extin						
4	4		4		4		(No. & typ	Gone					
8. COMMENTS													
Transporta	tion provi	ded to	laundry i	nat.			10	100	1. 100 / N	1-			
Bused to g	rocery sto	re on	ce a week	ζ.			1	ngot.	Iress / A	7			
									-				
Bused to de	o laundry	once	a week.										
9. EMPLOYER'S			awad the have	oina roa	ulations of the	- II C D-		£1 -1 - 11	0.7				
the housing des	scribed hereir	ı 🖂 n	neets 🔲 do	es not m	eet such star	ndards. I	hereby aut	horize repr	S. Training and Employment Seresentatives of the State Employ	ervice, and yment Serv	that		
office and/or En	nployment an	d Train	ing Administra	ation reg	ional office to	inspect	the above I	housing at	any reasonable time.	***			
Employer's Signat	4 C		1		Type	d Name a	0		Da	ite	5		
10. HOUSING IN	CDECTED D	202	133		T	au	teter	S		1111	10		
Signature of Author			ce Halm		Typo	d Name a	and Title		D-	-	,		
Long	1/1		HIT	4/2	1 111			oram C	Coordinator	1/(/	10		
	Housing app	roved f	or occupancy	by work				J. 3 O	/	11/	0		
Signature of Aytho			/ John Control	<i>J</i> , work	4	d Name a			Da	ite /	/,		
Chay	utte	4	drute	1/1	Jo	усе На	ahn, Pro	gram C	coordinator	//(/	18		
U					4				· /	// //	0		

U.S. Departmen	nt of Labor,	Employ	ment and Tra	ining Ad	dministration	1			AME AND ADDRESS			
U.S. TRAININ									ing LLC			
EMPLOY			D HOUSIN actions on Reve		FACILIT	IES		Sequoyes City.	FL 33844			
2. HOUSING LO		- msira	ctions on Reve	(se)			3. HOUSIN					
28381 Arb												
Malta Ben		339					Bunkr	nouse E	3			
	46.00 (SON) 1400 (SON) (SON) (SON) (SON)											
4. SLEEP ROOM		a. D	ormitory Type			b. Far	nily Type					
(No. & Measure	·	2	3	4	1	2	3	4		ISE ONLY		
Length	19'3	19'	3 19'3	19'3					5. CAPACITY (Adults)	16		
Width	11'8	11'	8 11'8	11'5					6. REGULATIONS C ("x" proper box)	OMPLIANCE	Yes	No
Ceiling Height									Water		\boxtimes	
Square Feet	228	228	3 228	222					Electricity		\boxtimes	
No. of Rooms	1	1	1	1					Site			
No. of Beds, Single									Screening		\boxtimes	
No. of Beds or Bunks, Double		2	2	2					Heating		\boxtimes	$\overline{\Box}$
7. FACILITIES (A	Number of ea	ach)			- 				***************************************			
7. FACILITIES (Number of each) Flush Toilets Privy Urinals Lav. or Washbasins Showerheads												
2							2					
Bathtubs	Movable Ba	athtubs	Laundry mad	hines	Fixed laund	lry tubs	Movable I	aundry				
	×						tubs					
Cook Stoves	Refrigerato	rs	Garbage cor	tainers	First-aid Kit	S	Fire Extin	guishers				
4	4		4		4		(No. & typ	Gone				
8. COMMENTS												
Lock boxes	provided	d.			12 1	1 0	ra Hr	css				
Bused to gr	rocery sta	ore on	ce a week		0-		vatlr Rl					
				•	rel	Cia	B,	0				
Bused to de	o laundry	once	a week.		1 ((''')						
9. EMPLOYER'S												
the housing des	ry THATThat scribed herei	ave revie n ⊠ m	ewed the hous	ing regues s not m	lations of the eet such star	e U.S. De ndards, L	partment of hereby auth	f Labor, U.	S. Training and Emploresentatives of the Sta	yment Service	e, and	that
				ition reg	ional office to	inspect t	the above h	nousing at	any reasonable time.	to Employmen	it Servi	ice
Employer's Signat	ure				Туре	d Name a	nd Title			Date	1	150
Jan	43	der			+	aul-	Peters			7]		0
10. HOUSING INS			ge Hathn	_ //	Sum						j	,
Signature of Author	rized Officia	1/10	Mul	(I)		d Name a		_		Date	11	10
	suger 1	Tel					1000 11 1000	gram C	oordinator	///	///	18
11. APPROVAL: Signature of Autho			or occupancy	by work							//	,
- gridians of ridino	Zed Official	1	1 ,	11	./\//	d Name a		aram C	oordinator	Date	1/1	1
799	u /	7	1 with	IV	1	,,00110	, 1 10	grain C	atinator	_///	1/10	

U.S. Depart	tment o	f Labor, En	ployi	nent and Tra	ining /	Administrati	on	1		Budge NAME AND ADDRESS	Approved It Bureau No. 44	1 R13!
a.		R FURNIS	HED	HOUSIN	G AN	D FACILI	TIES	2721	Sequo	sting LLC yah Dr. FL 33844		
2. HOUSING	LOCA		~	7777		**** *********************************		3. HOUSI				***************************************
21531 S Waverly	State , MO	Hwy N 64096		Housin	g #1				cks Sty			
4. SLEEP RO				mitary Type	***********************		b. Fa	mily Type		T		
(No & Mee:	suro)	21'9	2	3	4	1	2	3	4	ES USE O	NLY	Proper annual Control of
Vwee		11'8	21'9 11'8	21'9 11'8	11'8					5 CAPACITY 16 (Adults) 16 REGULATIONS COMPLI		
Centing Her	jht		The state of the s				***************************************		·····	("x" proper box) Water	Yes 🖂	No
Square Fee	t	258	258	258	258			***************************************	***************************************	Electricity		
No. of Room									***************************************	Site		冒
No of Beds Single No of Beds					***************************************				***************************************	Screening	$\overline{\boxtimes}$	
Bunks, Dout	ole	2	2	2	2				***************************************	Heating	$\overline{\boxtimes}$	Ħ
7. FACILITIES Flush Toilets						,					V3	
2	Priv	У	10	Irinals		Lav. or Wa	ishbasins	Showerhe	ads			
	<u> </u>				······································	4		2				
Bathtubs	Mov	able Bathtul	bs L	aundry mach	ines	Fixed laund	dry lubs	Movable la tubs	undry			
Cook Stoves	Refr 4	igerators	G	arbage cont	iners	First-aid Kil	is	Fire Exting				
8. COMMENTS		The second secon				-		4				
Lock boxe Bused to	es pro		once	a week.		,						
Buse d to d	do lac	indry onc	e a	week.								
EMPLOYER'S	FY TH	AT I have re	viewe	d the housin	o requi	ations of the	II S Dea		***************************************	S. Training and Employment So		
the housing de	mnlovn	herein 🗵	meet	s does	not me	et such stan	idards. I h	ereby author	abor, U.S rize repre	S. Training and Employment Sesentatives of the State Employment	ervice, and th	at
paptoyer's Signa)	anner gr	Aoministratio	n regio	mor office to	Inspect the Name ar	io anna uni	using at a	iny reasonable time.	Section to the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section in the second section in the second section is a section in the second section in the second section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section in the section in the section in the section	
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). HOUSING IN	SPECT	ED BY: J	byce F	Ha hn	***************************************			1610	<u> </u>	266 10	700	4
gnature of Author	drized (Official /	,		***************************************		Name an			Dai	te	
. APPROVAL:	ge	Hah			* colomorphis (special color)	Joy	yce Hal	nn, Progr	am Co	ordinator	-20-17	- The second
gnature of Adfig	rized C	official #	for or	ccupancy by	worker						VV II	-
1/1	241	1/1			•	- 1	Name and		am Co	ordinator /		
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U.S. Depart	MN(! A)	ID EMI	PLOY	MEN	T SERV	ICE			SOL	Harves	NAME AND ADDRESS		
CWP1.	UYEK				OUSIN is on Reve		D FACILI	ries	Haine	ວequo es City,	yah Dr. FL 33844		
2 HOUSING	LOCATI	*****************		***************************************					3. HOUSII				· ·
21531 S Waverly	State H	wy N 64096	Но	usin	g #2					icks Sty			
4. SLEEP RO					ory Type	MONTH CONTRACTOR OF THE CONTRA	<u> </u>	b. Fa	mily Type	***************************************	7		No.
(No. & Meas Length	sure)	1 1 1 1 1 1	1	2	3	4	1	2	3	4	5. CAPACITY	ONLY	******************
Width		15'6	-	6	15'6	15'8					(Adults)	6	
		15'4	15	14	15'4	15'4					6. REGULATIONS COM ("x" proper box)	IPLIANCE Yes	No
Ceiling Heig			ļ								Water	\boxtimes	
Square Fee	1	240	24	10	240	240	***************************************				Electricity	\boxtimes	
No. of Room					***************************************						Site	\boxtimes	
Single		•••••				TO VAN INVENIO DE POUR I UN 1 1 1 1					Screening	\boxtimes	
No. of Beds Bunks, Dout	ble	2	2		2	2		The state of the s			Heating	\boxtimes	П
7. FACILITIES			h)	т								**************************************	
Flush Toilets	Privy			Urin	als		Lav. or Wa	shbasins	Showerhe	ads			
MANAGER WILLIAM CO.			*************		and the state of t		. 4		2		9		
Salhtubs *	Mova	ble Bati	ntubs	Laur	dry macl	hines	Fixed laund	lry tubs	Movable Is tubs	aundry			
Cook Stoves	Refrig	erators		Garb	age cont	ainers	First-aid Kit	e	Fire Exting				
4	4			4	•		4	•	(No. & type				
B. COMMENTS	3	······································		<u> </u>			***************************************	***************************************	4				
Lock boxe	es prov	ided.											
	6		251 (251)										
Bused to	grocer	y stor	e on	ce a	week.								
Bused to	do laur	ndry o	nce	a we	eek.								
EMPLOYER'S						*						THE RESERVE OF THE PERSON NAMED IN	
											S. Training and Employme esentatives of the State En	nt Service, and r	that
office and/or E		ent and	Trainii	ng Adı	ministrati	on regi	zira: omco to	mapout n	ie above no	ousing at	esentatives of the State En any reasonable time.	nployment Servi	ce
PO	(D)	1						Name ar		S-10 Bosileov		Date	
) HOUSING IN	USPECTI	D RY	Nove Jour	e Hat	**	***************************************	Po	w 1	Ter	ers,	Sec.	6-20-1	
malure el Auth	******************				111		Typed	Name an	d Title	***************************************			
100	154	N	al	Name of the last			1			ram Co	oordinator	Date	*econg
APPROVAL (Housin	g abbio	ved fo	r occu	pancy by	v worke	rs recruited i					10.00.	4
gnalure of Auth	orized O	ficial	1	************	Market Control of Charges			Name an	d Title	The state of the s		Date	
0	yes	14	en	Mark and a residence	manas arms, a _b		Joy	ce Hal	n, Progi	ram Co	ordinator	6-20-1	1
· ·	11								And in contrast of the last of				*

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U.S. Depart	ment o	CLabor, E	mplo	yment and T MENT SER	aining /	Administratio	II)	1		NAME AND ADDRESS	THE PROPERTY OF THE PROPERTY O
				ED HOUSI		D FACILI	ries			iting LLC lyah Dr.	
				uctions on Re		DIAGILI	ILO	Haine	s City,	FL 33844	
2 HOUSING	LOCA					***		3. HOUSII			my 4-0000 0000000000000000000000000000000
28373 A Malta Be			39					1	nouse /		
4 SLEEP RO	OMC	**************************************	n f	Dormitory Typ	***************************************		*****				
(No. & Meas		1	43. 1.		e 4	1	b. Fa	mily Type	4	ES USE	ONLY
Length	Vertical de entre	15'3	15	5'3 15'6	15":	3				5. CAPACITY 1	6
Wille	•	15'5	15	18 15'3	15%				***************************************	6. REGULATIONS COM	PLIANCE
Central Heat	į tes		- Control of the Cont				*	***************************************	*****************************	("x" proper box) Water	Yes M
Square Fee	t	237	23	7 239	237			****		Electricity	
No. of Room					1				······································	Site	
No. of Beds, Single	•		***************************************		1				O Palacana (Control of Control of	Screening	
No. of Beds Bunks, Doub		2	2	2	2		660),nerrantcustana,nanna			Heating	
7. FACILITIES	·····	er of each)			1	***************************************			ricating	⊠ [
lush Toilets	Priv	у		Urinals		Lav. or Wa	shbasins	Showerhe	ads		
2				Ministration of the Control of the C				2			
Bathtubs	Mov	able Bathl	lubs	Laundry mad	chines	Fixed laund	ry tubs	Movable la	undry		
								1003			
ook Stoves		gerators		Garbage cor	tainers	First-aid Kiti	\$	Fire Exting (No. & type	uishers		
4	4			4		4		4Fire			
COMMENTS				The second secon	***************************************		***************************************				
Transport	ation	provide	d to	laundry r	nat.						
Bused to (TOCA	ru etoro	. An	co o wool							
					e	9					
Bused to d	do lau	ndry or	nce	a week.							
EMPLOYER'S	CERT	IFICATIO	N:		#10000 1.0000000000000000000000000000000						
the housing de	Scribed	AT I have . Therein	review XI mi	wed the hous	ng regul	ations of the	U.S. Dep	artment of L	abor, U.S	S. Training and Employment sentatives of the State Em	it Service, and that
office and/or E	mploym	ent and T	rainir	ig Administra	tion regio	onal office to	inspect th	ereby authorie above hor	rize repre using at a	esentatives of the State Em any reasonable time.	ployment Service
pployer's Signa	(June	4				Typed	Name an	d Title			Date
tan!	70	Jon.	9	***		ta	10	Pete	rs.	Sec.	620-17
HOUSING IN			Joyc	e Hahn					*******		WAY L
nature of Auth	orized (Official	ı	38.00 c. 19.40 (Name an		***************************************		Date
10	Lyce	1/6	W	Marina parting				nn, Progr	am Co	ordinator	6-20-17
APPROVAL:	Housin	ng approve	ed for	r occupancy b	y worke	Ethania - sincy principal and a second					VVVII
nature of Autho	orized C	micial \	1				Name and		****		Date
	No. of the last of	Break &	8			1 low	ce Hat		-	1	

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I DE BONIN	Ment of Labor MNG AND ER OYER FUR	MPLOY I <mark>NISH</mark> I	MENT SI ED HOU	ervice <mark>Sing a</mark> i			SOL 1 2721	Harve: Segue	NAME AND ADDRESS sting LLC byah Dr.	Approved at Bureau No. 44 R1;
2 3300		See Inst	ructions on	Reverse)			Haine	s City	, FL 33844	
	rbor Lane and, MO 6	5339					3. Housin Bunkh			
4. SLEEP ROO	DMS	a. [Dormitory 1	vpe		h 6	Irnily Type	·		
(No. & Meas			2 3		1	2	3	4	ES USE O	NLY
Length	19'3	19	9'3 19	3 19	3				5. CAPACITY 16	
Width	11'8	11	'8 11	8 11'	5				6. REGULATIONS COMPLI	202
Celling Heig	ht			***************************************					("x" proper box) Water	Yes No
Square Feet	228	22	28 22	B 222)	1		***************************************		<u> X</u>
No. of Room	s 1 1						-	***************************************	Electricity	
No. of Beds,			1	1				>>>>	Site	\boxtimes
Single No. of Beds (OF .				***************************************				Screening	$\boxtimes \Box$
Bunks, Doub	e 2	2	2	2					Heating	N n
7. FACILITIES		ich)	·							
Firsh Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhea	ids		
West and the second sec					,		2			
Bothtobs *	Movable 8a	thtubs	Laundry n	nachines	Fixed laund	ry tubs	Movable lau	undry		
Cook Stoves	D-6/	****		***************************************						
4	Refrigerator	3	Garbage (containers	First-aid Kits	S	Fire Extingu (No. & type)	ishers		
8. COMMENTS	1 4		4		4		4Fire C			
Bused to g	rocery sto	re onc		ek.						
omce and/or En	Y THAT I hav scribed herein apployment and	e reviev	wed the holeets d	using regul oes not me ration regio	ations of the set such stand onal office to i	U.S. Depidards. I he	artment of La areby authori a above how	ibor, U.Size repre	Training and Employment Sesentatives of the State Employing reasonable time.	ervice, and that yment Service
mployer's Signat	uro)	•••	2000	***************************************	Typed	Name an	d Title	01119 01 0	Da	fe -
Jacob /	Laler	B			Ite	wl'	Per	215		- 10 1-
HOUSING INS	***************************************	Joyce	e Hahn		,				1 DEC P	201
gnature of Author	rized Official	6		***************************************		Name and		***************************************	Dat	8
ADDOC L	Jen N	rs.		***************************************	Joy	ce Hah	n, Progra	m Co	ordinator	20-17
APPROVAL: nature of Author	folising appro	ved for	occupancy	by worker	s recruited in	terstate.		***************************************		au II
The state of the s	Lag Onicial	/				lame and			Date	8
19	to the	A STATE OF THE PARTY OF THE PAR		***************************************	Joy	ce Hah	n, Progra	m Co	ordinator 6	20-17

										Budg	et Bureau No. 44-R135
U.S. Department U.S. TRAININ	nt of Lab	or, Emplo	yme	nt and Trai	ning Ad	lministratio	n			AME AND ADDRESS	
EMPLOY						EACH I	rico.		Harvest Sequo	ting LLC	
Limit EO	LICIO			ons on Rever		FACILI	IIE9			FL 33844	
2. HOUSING LC	CATION	• • • • • • • • • • • • • • • • • • • •						3. HOUSII	NG DESC	RIPTION	
21531 Sta Waverly, M				Housing	j #1			Barra	cks Sty	le	
4. SLEEP ROOM	ns	a. [Dorm	nitory Type			b Far	nily Type			
(No. & Measure	e)		2	3	4	1	2	3	4	ES USE	ONLY
Length	2	1'9 21	1'9	21'9	21'9					5. CAPACITY 16	
Width	11	1'8 11	8'1	11'8	11'8					6. REGULATIONS COMP ("x" proper box)	LIANCE Yes No
Ceiling Height										Water	
Square Feet	25	58 25	58	258	258					Electricity	\boxtimes
No. of Rooms	No. of Rooms No. of Beds,								Site	\boxtimes	
Single	Single									Screening	
No. of Beds or Bunks, Double		2 2	?	2	2					Heating	
7. FACILITIES (/	Vumber o	f each)									
Flush Toilets	Privy		Ur	rinals		Lav. or Wa	shbasins	Showerhe	eads		
2						4		2			
Bathtubs	Movable	Bathtubs	La	undry mac	hines	Fixed laun	dry tubs	Movable	laundry		
1								tubs			
Cook Stoves	Refriger	ators	Ga	arbage con	tainers	First-aid K	its	Fire Extin	guishers		
4	4			4		4		(No. & typ.	oe)		
8. COMMENTS										**	
Lock boxes	s provid	ded.									
Tour 1	. L.	ا ما	Δυ	noder.	mat						
Transport	tation	1 70	(OU)	ward	vvac.	,					
9. EMPLOYER'S	CERTIFI	CATION:									
I CERTIF	FY THAT	I have rev	iewe	d the hous	ing regu	lations of th	e U.S. De	partment o	f Labor, U	S. Training and Employmen	t Service, and that
office and/or En	nploymer	erein 🔼 nt and Train	mee ning	Administra	es not m tion reai	eet such sta onal office t	andards. I to inspect t	hereby aut the above I	horize rep housing at	resentatives of the State Em any reasonable time.	ployment Service
Employer's Signat							ed Name a				Date
Hami	1 21	noup				1	405Fi.	et T	hor	D	623-16
10. HOUSING IN			yce I	Hahn				5.55			
Signature of Author	orized Off					500	ed Name a				Date
HO4CE	A A	26							gram C	coordinator	6-1516
Signature of Author			tor o	occupancy	by worke	ers recruited			22.22		Data
oignature of Autho	nizeu Om	IL 1	_			1	ed Name a		aram C	coordinator	Date /_ 72 //
40	jul	Xw				J.	Cyce i ic		grain 0	oordinator	6-2716

									Rudo	et Bureau No. 44-R135
U.S. Departme U.S. TRAININ	nt of Labo	r, Employ	ment and T	aining A	dministratio	n			IAME AND ADDRESS	et Buleau No. 44-R13
< I									ting LLC yah Dr.	
EMIPLO	TERFU		D HOUSI		FACILIT	IES			FL 33844	
2. HOUSING LO	CATION						3. HOUSI	NG DESC	RIPTION	
21531 Sta	te Hwy	N								
Waverly, I			using #2				Dalla	icks Sty	ne -	
4. SLEEP ROOM	//S		ormitory Typ	е		b. Far	mily Type		F0 110F	ONLY.
(No. & Measur		2		4	1	2	3	4	ES USE	UNLY
Length	15'	-		15'6		-			5. CAPACITY (Adults) 16	
Width	15'	4 15	4 15'4	15'4					6. REGULATIONS COMP ("x" proper box)	LIANCE Yes No
Ceiling Height									Water	\boxtimes
Square Feet	240	24	0 240	240					Electricity	
No. of Rooms									Site	
No. of Beds, Single									Screening	
No. of Beds or Bunks, Double	1 2	2	2	2					Heating	
7. FACILITIES (I	Vumber of	each)				1		-		
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads	1	
2					4		2			
Bathtubs	Movable	Bathtubs	Laundry ma	chines	Fixed laund	dry tubs	Movable	laundry		
1							tubs			
Cook Stoves	Refrigerat	tors	Garbage co	ntainers	First-aid Ki	ts	Fire Extin	guishers		
4	4		4		4		(No. & typ.			
8. COMMENTS			<u> </u>		L				-	
Lock boxes	provide	ed.								
tan	1.1.	(1. 1		L					
Transpo	rtation	< to	aunar	y mo	II.					
				*						
9. EMPLOYER'S										
I CERTIF	Y THAT I	have revie	ewed the hou	sing regu	lations of the	e U.S. De	partment o	f Labor, U	S. Training and Employmen	t Service, and that
office and/or En	nployment	and Train	ing Administ	ation reg	eet such sta ional office to	ndards. i i o inspect t	hereby auti he above h	norize repi nousing at	resentatives of the State Em any reasonable time.	ployment Service
Employer's Signat	ure	\				d Name a			,	Date
Hami	421	has			1	tarro	at T	Moo	a	6-24-16
10. HOUSING INS			ce Hahn							
Signature of Autho	rized Offici					d Name a				Date
ym	ret							gram C	oordinator	6-24-16
			or occupancy	by work						44
Signature of Autho	rizea Offici	al//	_		1	d Name ar				Date
Hora	w	Her			Jo	усе на	inn, Pro	gram C	oordinator	6-24-16

U.S. Department U.S. TRAININ	nt of Labor, E	mploy	ment	t and Trai	ning Ad	ministration	Ĭ.			AME AND ADDRESS	
. 1	ER FURN					EACILIT	IEC		⊣arvesi Sequoy	ting LLC vah Dr	
				s on Rever		FACILITI	IES			FL 33844	
2. HOUSING LC								3. HOUSIN	IG DESC	RIPTION	
28373 Arb	or Lane									. ^	
Malta Ben	d, MO 653	39						SU	NK	House A	
4. SLEEP ROOM (No. & Measure		a. D		ory Type	4	1	b. Far	nily Type	4	ES USE	ONLY
Length	15'3	 	-	15%						5. CAPACITY	×
Width	15'5									6. REGULATIONS COMF	
Ceiling Height		-	0	U	100					("x" proper box) Water	Yes No
Square Feet	237	23	7	239	227					Electricity	
No. of Rooms	1	3	1	1	1					Site	
No. of Beds, Single		•					Screening				
No. of Beds or Bunks, Double			2	2					Heating		
7. FACILITIES (/			oc.	0					ricating		
Flush Toilets	Privy	,	Urin	nals		Lav. or Was	shbasins	Showerhe	eads		
7								7			
Bathtubs	Movable Bat	htuba	Lau	ndn, maa	hinna	Fired Inc.		2			
Datituds	WOVADIE DAL	IIIUDS	Lau	ndry mac	nines	Fixed laund	ry tubs	Movable la tubs	aundry		
Cook Stoves	Refrigerators		Gar	bage con	tainers	First-aid Kits	S	Fire Exting			
4	7			4		4		Fire C			
8. COMMENTS		_				do	١	12:			
8. COMMENTS	portat	-lon	. (prov	ide	TON	له حددد	mary			
-											
9. EMPLOYER'S	CERTIFICATI	ON:									
I CERTIF	Y THAT I hav	e revie	ewed	the hous	ing regu	lations of the	U.S. De	partment of	Labor, U	S. Training and Employme	ent Service, and that
the housing des office and/or En		n ⊠ Traini	neets ing A	s ∐ doe ∖dministra	es not me tion regi	eet such star onal office to	ndards. I inspect i	hereby auth the above h	norize rep nousing at	resentatives of the State Er any reasonable time.	nployment Service
Employer's Signat							d Name a				Pate
Hami	t Sh	In				47	arrive	TX	MOME		623-16
10. HOUSING IN		: Joy	ce H	ahn					,		
Signature of Autho	rized Official	1/	1				Name a				Date
you	ul								gram C	coordinator	6-15-16
11. APPROVAL: Signature of Rutho	Housing appr	oved f	or oc	cupancy	by worke		interstate Name a				TD-t-
Signature of Autilio	Mized Official		1			500			aram C	coordinator	6-23-16
700	· ·					- 30	,00 116	, 1 10	9141110	ooi dii latoi	00014

U.S. Departme U.S. TRAININ	ent of Labor,	Employ	yme	nt and Tra	ining Ac	dministr	atior	1			IAME AND ADDRESS	uoget Bureau i	NO. 44	J-R13
- 1	YER FURN										ting LLC			
				ons on Reve		FACI	LII	IES		Sequo es City,	yan Dr. FL 33844			
2. HOUSING LO									3. HOUSI					
28381 Art Malta Ber		339									vouse t	3		
4. SLEEP ROOM (No. & Measur				itory Type		T			mily Type		FS IIS	E ONLY		
Length	193	10	12	19'3	19'3	1 1		2	3	4	5. CAPACITY	1 /		
Width	11'8	10	9	113	11'5						(Adults) 6. REGULATIONS CO	MPLIANCE		
Ceiling Height		11	U	11.0	113	-	-				("x" proper box) Water		Yes	No
Square Feet	228	2	78	228	220				 		Electricity			
No. of Rooms											Site			_
No. of Beds,	Single										Screening			屵
No. of Beds or	No. of Beds or Bunks, Double 2 2 2 2													븜
	Bunks, Double & & & 2										Heating			Ш
Flush Toilets	Privy		Uri	inals		Lav. or	Was	hbasins	Showerhe	eads				
2									7					
Bathtubs	Movable Ba	htubs	Lau	undry mac	hines	Fixed la	und	ry tubs	Movable	aundry				
t t								•	tubs	,				
Cook Stoves	Refrigerators	S	Ga	rbage con	tainers	First-aid	d Kits	3	Fire Extin	guishers				
4	4			4		1	4		(No. & typ	2				
8. COMMENTS				•						Zove	•			
Transa	ortati	Dn.	w	1150	be	210	0	ided	to	90	laundry			
112004	0			• • •		,					7			
9. EMPLOYER'S				27Y 27			_							
the housing des	cibed nerein	\square	reets	s I I doe	s not me	et such	stan	dards 11	rerehy auth	orize rent	S. Training and Employmesentatives of the State E	ent Service, Employment	and t	hat ce
Employer's Signat	ipioyment and	ıraını	ing A	Administrat	ion regio	onal offic	e to	Name a	he above h	ousing at	any reasonable time.			
Hunt	- Sho	N)			'	1	CO		Thor		Date 13	-11	_
10. HOUSING IN	SPECTED BY	: Jby	ce H	lahn			1	. 00	Jen-	0109	Ρ	600	19	P
Signature of Autho	rized Official	/	1			Ty	5,51	Name ar			·	Date		
for	ce. A	a	h							gram C	oordinator	6-23.	15	
11. APPROVAL. Signature of Author	Housing appr	gved fo	or oc	cupancy b	y worke									
Orginatione Of Author	nzeu Omicial/	1				T)		Name ar		arom C	pordinator	Date	1	,
Joyu	C \$12	n					00)	oe na	iii, Pio(graffi C	pordinator	6-23	-16	•

U.S. Departme U.S. TRAININ	ent of Labor, E	Employ	ment and Tra	ining A	dministration	n			AME AND ADDRESS	oget buleau No. 44-R135
									ting LLC	
LINITEO	YER FURN		ctions on Reve		FACILIT	IES	Haine	Sequo	yan Dr FL 33844	
2. HOUSING L		e msirui	ctions on Reve	rse)						
21531 Sta							3. HOUSI			
Waverly	MO 64096		Н	ousing	j 1		Barra	icks Sty	le	
	0 1000									
4. SLEEP ROOM	MS	a. Do	rmitory Type		<u> </u>	h For	milu Tuno			
(No. & Measur		2	3	4	1	2	nily Type	4	ES USE	ONLY
Length	21'9"	21	9" 219	210	10				5. CAPACITY	
Width	11'8	11'		11'8	3				(Adults) 6. REGULATIONS CON ("x" proper box)	MPLIANCE Yes No
Ceiling Height									Water	
Square Feet	258	250	3 258	250	3				Electricity	
No. of Rooms No. of Beds,									Site	
Single No. of Beds or									Screening	\boxtimes
Bunks, Double		7	2	2					Heating	$\boxtimes \Box$
7. FACILITIES (Number of eac	h)					-			
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads		
2					4		7			
Bathtubs	Movable Bati	ntubs	Laundry mad	hines	Fixed laund	ry tubs	Movable	laundny		
l					. Mod Iddiid	ry tubo	tubs	auriory		
Cook Stoves	5.6									
Cook Stoves	Refrigerators	- 1	Garbage con	tainers	First-aid Kits	5	Fire Extin			
4	4		4		4		4	,6)		
8. COMMENTS										
1. Trans 2. Lock	portati	OM	tod	0 1	aundr	·u				
2. Lock	boxe	٠, ٠	Drou'd	21	-					
			P. Collin	eci						
9. EMPLOYER'S			und the have				22 2 2			
the housing des	clibed liefelli	∠ me	ets i idoe	s not me	et such stan	idards I h	nerehy auth	Orize renr	S. Training and Employmetes esentatives of the State E	ent Service, and that
omec and/or En	ipioyinent and	Trainin	g Administra	tion region	onal office to	inspect t	he above h	ousing at	any reasonable time.	imployment dervice
Employer's Signat	ure \				Typed	Name a	nd Title			Date
Nem X'	Thus)			He	riet	- Tho	D		6-23-15
10. HOUSING INS								1		
Signature of Autho	rized Official		,			Name ar		g. 91-11-11-1		Date
Delvio	1) L	2 Mi	oh					ate Mor	nitor Advocate	6/23/15
	Housing appro	oved for	occupancy b	y worke	rs recruited i	nterstate				1201.5
ignature of Autho	rized Official	_	,		Typed	Name ar	d Title			Date
Debu	a IV	les	Lan		De	bra Mi	nish,Sta	te Moni	tor Advocate	6/23/15

	U.S. Departme U.S. TRAINII	ent of Lab	or, Emp	loyme	ent and Tra	nining Ac	lministratio	n			NAME AND ADDRESS	udget Bureau No.	44-R13
_											sting LLC		
ī	LIVII LO	ILKFO			ons on Reve		FACILIT	IES		Sequo es Citv.	FL 33844		
ŀ	2. HOUSING L	OCATION		317 ucm	ons on Neve	rse)							
	21531 Sta				- 11	ai	. 0		3. HOUSI				
	Waverly,				п	ousing	12		Barra	icks Sty	/le		
	,												
-	4. SLEEP ROOM		a.	Dom	nitory Type			b. Fa	mily Type		T		
+	(No. & Measur			2	3	4	1	2	3	4		ONLY	
L	Length	15	6 13	516	156	15'6	,				5. CAPACITY /	6	
	Width	151	4 15	-14	154	154	/				6. REGULATIONS CON ("x" proper box)	MPLIANCE Yes	No
	Ceiling Height										Water	\boxtimes	
L	Square Feet	24	02	40	240	240					Electricity	\boxtimes	
L	No. of Rooms										Site	\boxtimes	
	No. of Beds, Single										Screening		
	No. of Beds or Bunks, Double	1 1	6	2	2	2					Heating	\boxtimes	
7.	FACILITIES (1	Vumber of	each)										
FI	ush Toilets	Privy		Uri	inals		Lav. or Was	hbasins	Showerhe	eads			
	2					1	4		2				
Ва	athtubs	Movable I	Rathtub	s l aı	undry mach	ninos	Fixed laund	Ab					
1		I WOVEDIC I	Datiitub	Lat	andry maci	illes	Fixed laund	ry tubs	Movable la	aundry			
_			,										
Co	ook Stoves	Refrigerat	tors	Gai	rbage conta	ainers	irst-aid Kits	3	Fire Exting				
	4	4			4		4		(No. & typ	e)			
8.	COMMENTS								7				
\	Transpe Lock	ortati	on	20	c /a.	ud.		1 b	e pro	ovide	(
2	1 coals	b	· · ·	, 0		unch	9		_ /				
-	· LUCK	DOX	25	7	0000	'clec	(26		
9.	EMPLOYER'S					1			****				
t	he housing desc	ribed here	nave rev ein 🖂	newed meets	the housin	ig regular	tions of the	U.S. Dep	artment of	Labor, U.	S. Training and Employme esentatives of the State Er	nt Service, and	that
	mice and/or Em	ployment a	and Trai	ning A	dministration	on regior	nal office to	inspect th	e above ho	ousing at	any reasonable time.	nployment Serv	ice
Em	ployer's Signatu	re						Name ar			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	
H	cuti	This					140	role	+Tho	70	FoodSolety	6-23-1	5
0.	HOUSING INS	PECTED	BY:							P		1000	
Sigr	nature of Authori	zed Officia	al , ,				Typed	Name an	d Title			Date	\neg
1	Delra	$-\Omega$	en	da			Del	ora Mir	nish, Sta	te Mon	itor Advocate	6/23/1	
1. /	APPROVAL: H	lousing ap	proved	for occ	cupancy by	workers	recruited in	iterstate.				1-100/	
gn	ature of Authori	zed Officia	al				Typed I	Name an	d Title			Date	\neg
7	Selva	(),	lun	tai	_		Deb	ora Mir	ish,Stat	e Moni	tor Advocate	6/23/13	g-

	(See	Instruc	tions on Rever		FACILIT	TES			Ribbon Rd. IO 65084		
2. HOUSING LC		msir ac	tions on Rever	(36)			3. HOUSIN				
10083 Red	d Ribbon R						32 Ft	Mobile	travel trailer 2004 K	eystone Co	ugai
				7			7		ES USE	ONLY	
	1	2	3	4	1	2	3	4	F CADACITY	ONLI	
			1		-	-			(Addits)	PLIANCE	
		W-2-12-12							("x" proper box)	Yes	No
									Water		Ц
•									Electricity		
									Site		
Single									Screening	\boxtimes	
									Heating	\boxtimes	
		h)									
	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads			
1					1		1				
Bathtubs	Movable Bath	ntubs	Laundry mad	hines	Fixed laund	dry tubs	Movable i tubs	aundry			
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Ki	ts					
1	1				1		1 1	ie)			
Pull type tra							,				
I CERTIF the housing des office and/or En	FY THAT I have scribed herein nployment and	e revie	eets doe	es not m	eet such sta	indards. H	nereby auth	orize ren	resentatives of the State En	nt Service, and nployment Serv	that
41	\	P	0					-1.0		Date	
		_			A	ubree I	nouven	el, Owr	ner —————————	1/4/19	
		Joyc	e Hahn		Type	d Nama a	nd Title			15./	
	,/ ,				10000			Coord	linator	1,770/61,5,50	
1		oved fo	r occupancy	by work						1/4/13	
			. ,								
gnature of Author	,				Туре	d Name a	nd Title			Date	
	Versailles, Versailles, SLEEP ROOM (No. & Measure Length Width Ceiling Height Square Feet No. of Rooms No. of Beds, Single No. of Beds or Bunks, Double FACILITIES (I Sathtubs Cook Stoves 1 COMMENTS Pull type tra Defice and/or En Imployer's Signat On HOUSING INS Grature of Author Coyces Coy	Versailles, MO 65084 4. SLEEP ROOMS (No. & Measure) Length Width Ceiling Height Square Feet No. of Rooms No. of Beds, Single No. of Beds or Bunks, Double 7. FACILITIES (Number of each light) Sathtubs Movable Bath Cook Stoves Refrigerators 1 COMMENTS Pull type travel trailer COMMENTS Pull type travel trailer D. HOUSING INSPECTED BY: Granture of Authorized Official Joyce Hahn	Versailles, MO 65084 4. SLEEP ROOMS a. Do (No. & Measure) 1 2 Length	Versailles, MO 65084 4. SLEEP ROOMS a. Dormitory Type (No. & Measure) 1 2 3 Length	A. SLEEP ROOMS a. Dormitory Type (No. & Measure) 1 2 3 4	A. SLEEP ROOMS (No. & Measure) Length Width Ceiling Height Square Feet No. of Rooms No. of Beds, Single No. of Beds or Bunks, Double P. FACILITIES (Number of each) Flush Toilets 1 Cook Stoves Refrigerators Refrigerators Garbage containers The Comments Pull type travel trailer. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the housing described herein Movable Bathrubs EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the housing described herein Movable Bathrubs Movable Bathrubs Administration regional office to mapployer's Signature Type O. HOUSING INSPECTED BY: Joyce Hahn Grature of Authorized Official Payce Hahn Type	A. SLEEP ROOMS (No. & Measure) 4. SLEEP ROOMS (No. & Measure) 1	A. SLEEP ROOMS a. Dormitory Type b. Family Type (No. & Measure) 1 2 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 3 4 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 2 3 4 1 1 2 3 4 1 1 2 3 4 1 1 2 4 1 1 2 4 1 1 1 2 4 1 1 1 1 1 1 1 1 1	Versailles, MO 65084 VIN# 4YDT3 4. SLEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 Length Width Ceiling Height Square Feet No. of Rooms No. of Beds, Single Slunks, Double 1 1 2 Urinals Lav. or Washbasins Showerheads 1 1 1 Stathtubs Movable Bathtubs Laundry machines 1 1 1 Stathtubs Movable Bathtubs Scook Stoves Refrigerators Garbage containers 1 1 1 COMMENTS Pull type travel trailer. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U the housing described herein meets does not meet such standards. I hereby authorize reporting and/or Employment and Training Administration regional office to inspect the above housing at miployet's Signature Typed Name and Title Aubree Thouvenel, Owr Uniquature of Authorized Official Payce Hakhn Typed Name and Title	Vin# 4YDT301254B039498 VIN# 4YDT301254B039498 4. SLEEP ROOMS a. Dormitory Type b. Family Type c.	Versailles, MO 65084 VIN# 4YDT301254B039498 VIN# 4YDT301254B039498 A. SLEEP ROOMS A. Dormitory Type D. Family Type C. CAPACITY (Adults)

U.S. Departmer					lministration		1. EMPLO	YER'S NA	AME AND ADDRESS	
U.S. TRAINING									arvesting libbon Rd.	
EMPLOY			OHOUSING		FACILITI	ES			O 65084	
2. HOUSING LO		e Instru	ctions on Rever	se)			3. HOUSIN			
		Dood								avetana Cavaa
10083 Red Versailles,									travel trailer 2004 K 01254B039498	eystone Cougar
4. SLEEP ROOM	ie T	a Dr	ormitory Type			h Far	nily Type		г	
(No. & Measure		2	3	4	1	2	3	4	ES USE	ONLY
Length									5. CAPACITY 7 (Adults)	
Width									6. REGULATIONS COMF ("x" proper box)	PLIANCE Yes No
Ceiling Height									Water	\boxtimes
Square Feet									Electricity	\boxtimes
No. of Rooms									Site	\boxtimes
No. of Beds, Single								Screening	\boxtimes	
No. of Beds or Bunks, Double									Heating	
7. FACILITIES (A	ITIES (Number of each)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads		
1					1		1			
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	lry tubs	Movable	laundry		
			1				tubs			
Cook Stoves	Refrigerators	\$	Garbage con	tainers	First-aid Kit	s	Fire Extin			
1	1				1		(No. & ty)	oe)		
8. COMMENTS										
Pull type tra	avel trailer	·.								
,,,,,										
9. EMPLOYER'S			aurad the hair		lations of the	- II C D.		flabar II	.S. Training and Employme	-10
the housing des	scribed herein	⊠ r	neets 🗌 do	es not m	eet such sta	ndards. I	hereby aut	horize rep	resentatives of the State Er	
		d Train	ing Administra	ation reg				housing at	any reasonable time.	
Employer's Signat	L	10	0			d Name :	ina ritie Thouver	al Owr	ner	Date / N / N
10. HOUSING INSPECTED BY: Joyce Hahn						ubicc	THOUVE	ici, Owi		17-10-18
Signature of Author		/ 100	ce Hahn		Type	d Name a	and Title			Date
/ den	X	- 1	_		1		ahn, FL	C Coord	linator	1-18-18
11. APPROVAL:	Housing app	roved	for occupancy	by work						11071
Signature of Author		1		-,	-	d Name a				Date
Ctorn			Joyce Hahn, FLC Coordinator				1-18-18			
10111	100	-								1//0//11

U.S. Departme	nt of Labor, E	Employ	ment and Tr	aining A	dministratio	n			AME AND ADDRESS			
U.S. TRAININ									arvesting Ribbon Rd.			
EMPLO	YER FURN		D HOUSII uctions on Rev		FACILIT	IES			O 65084			
2. HOUSING LO		e man	actions on Kev	erse)			3. HOUSIN	JG DESCI	RIPTION	- International Control		
10083 Red Versailles,	d Ribbon I		İ				32 Ft	Mobile	travel trailer 2004 K 01254B039498	eystone Couga		
4. SLEEP ROOM			ormitory Typ				nily Type		ES USE	ONLY		
(No. & Measure	θ) 1	2	3	4	1	2	3	4	5. CAPACITY 7			
		-		-	-	-	 		(Adults) 6. REGULATIONS COMP	LIANCE		
Width		_					-		("x" proper box)	Yes No		
Ceiling Height									Water			
Square Feet									Electricity	$\boxtimes \Box$		
No. of Rooms									Site			
No. of Beds, Single			- Address - Addr					Screening	$\boxtimes \Box$			
No. of Beds or Bunks, Double	uble								Heating			
7. FACILITIES (I		:h)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
1					1		1					
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laune	dry tubs	Movable I tubs	aundry				
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid Ki	ts	Fire Exting	oulshers				
1	1			,,,a,,,,o,o	1	(No. & type)						
8. COMMENTS					<u> </u>		<u> </u>		2.00			
Pull type tra	avel trailer											
•												
9. EMPLOYER'S	CERTIFICATI	ON:		~~~								
I CERTIF	Y THAT I hav cribed herein	e revie	neets 🔲 do	es not m	eet such sta	ndards. I l	nereby auth	orize repr	S. Training and Employmer esentatives of the State Em any reasonable time.			
Employer's Signati		I Halli	A)	allon regi		d Name a		lousing at	any reasonable unie.	Date		
1	000	hours	m (houven	el, Own	er	1-19-16			
10. HOUSING INS	Joy	ce Hahn										
Signature of Authorized Official / Typed										Date		
Joyce Hahn						<u> </u>	hn, FLC	Coord	inator	1-19-16		
11. APPROVAL:		oved fo	or occupancy	by work						Dete		
Signature of Author	1/1	1,1			Typed Name and Title Date Date							
Clayle Hah							Joyce Hahn, FLC Coordinator 1-19-16					

										Bureau No. 4	4-R1358
U.S. Departmen U.S. TRAININ	G AND EMP ER FURN	LOYM ISHEI	ENT SERV	ICE G AND			4L La 6558	nd, LLC County	AME AND ADDRESS Road 273 63401		
2. HOUSING LC		- 11011 6	0110110 01111010	. 50)			3. HOUSIN	IG DESCI	PIPTION		
5934 Cour Palmyra, M	nty Road 2	260							arm House		
4. SLEEP ROOM			ormitory Type		1		nily Type		ES USE O	NI Y	
(No. & Measure	9) 1	2	3	4	1	2	3	4	E CADACITY	1461	
Width				7'11	9'9	14'8 9'9	12'9	11'4	6. REGULATIONS COMPLI	ANCE	
Ceiling Height		+-		711	13 10	99	31	129	("x" proper box) Water	Yes 🖂	No
Square Feet	-								100,000,000		
No. of Rooms				-			-		Electricity	=	片
No. of Rooms		-	-	-			.		Site		片
Single No. of Beds or				1			1		Screening		片
Bunks, Double					1	1		1	Heating	\boxtimes	
7. FACILITIES (I		ch)	Listania		Ti184-	- la la a i a	Chausah				
1	Privy		Urinals		Lav. or Wa	sndasins	Showerho	eads	-		
Bathtubs	Movable Ba	thtubs	Laundry ma	chines	Fixed laund	Iry tubs	Movable	laundry			
1			1				tubs				
Cook Stoves	Refrigerator	\$	Garbage co	ntainers	First-aid Kit	s	Fire Extin	guishers			
1	1		3		1	(No. & type)					
8. COMMENTS											
1 dryer											
Dumpster	at farm for	r disp	osal of tra	sh							
- Lampotor (at tallii loi	ulop	0001 01 110								
9. EMPLOYER'S	THAT I have	un couie	ewed the hou	sing regu	lations of the	U.S. De	partment o	f Labor, U	S. Training and Employment	Service, and	that
the housing des	cribed berein	i IXI n	neets I I dr	es not m	eet such sta	ndards. I	nereby aut	nonze rep	resentatives of the State Emp any reasonable time.	loyment Sei	VICE
Employer's Signat		u main	ing Administr	ation rog	Туре	d Name a	and Title			Date	
Any Lekelso Amy Lehenbaue								anes,	member	1-23	-17
10. HOUSING INSPECTED BY: Joyce Hahn										Dete	_
Signature of Author	orized Officia	1				d Name a		aram (Date	17
7-	yu A	tel						yrain C	Coordinator	1-25	-11
11. APPROVAL:	Housing app		or occupancy	by work	ers recruited	interstat	e. and Title			Date	
Signature of Author	orized Official	10	_		Typed Name and Title Joyce Hahn, Program Coordinator Date /- 23-				-17		
(Lo			30	,,0011		3		1	1		

U.S. Department U.S. TRAINING					ninistration		4L Lar	nd, LLC		
EMPLOYE	ER FURNIS	SHED	HOUSING	AND	FACILITI	ES		County bal, MO	Road 273	
		Instruc	tions on Rever	se)						
2. HOUSING LOC	CATION					;	3. HOUSIN	IG DESCR	RIPTION	
5934 Count Palmyra, M		60					5 Bed	room Fa	arm House	
4. SLEEP ROOMS		a. Do	mitory Type			b. Fam	ily Type		ES USE ON	JI Y
(No. & Measure)	1	2	3	4	1	2	3	4	5 OADAOITY	
Length				13'10	9'9	14'8	12'9	11'4	(Adults) 5 6. REGULATIONS COMPLIA	NICE
Width				7'11	13'10	9'9	11	12'9	("x" proper box)	Yes No
Ceiling Height									Water	
Square Feet									Electricity	
No. of Rooms									Site	
No. of Beds, Single				1			1		Screening	
No. of Beds or Bunks, Double					1	1		1	Heating	
7. FACILITIES (A	lumber of eac	h)								
Flush Toilets	Privy		Urinals	eads						
1										
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laun	Movable tubs	laundry			
1			1				lubs			
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid K	its	Fire Extir	nguishers		
1	1		3		1		1abo			
8. COMMENTS							4			
1 dryer										
Dumpster a	at farm for	disp	osal of tra	sh.						
0 51401 0\/5010	000000000000000000000000000000000000000									
EMPLOYER'S I CERTI			ewed the hou	ısina rea	ulations of t	he U.S. De	epartment	of Labor. U	J.S. Training and Employment	Service, and that
the housing de	scribed hereir	ı 🛛 r	neets 🗌 do	oes not m	reet such st	andards. I	hereby au	ıthorize rep	presentatives of the State Emp at any reasonable time.	
Employers Signa		u man	ing / tallilliot	auon rog		ed Name		nousing c	t any reasonable time.	Date
(1-11-16									1-11-18	
10 HOUSING IN			yce Hahn							
Signature of Auth	orized Official	فر				ed Name		ogram (Coordinator	Date
11. APPROVAL:	Housing	POLICE!	for occurrent	v horonal			-	- Graffi (Coordinator	1-11-18
Signature of Auth			for occupanc	y by work		ed Intersta				Date
la a	Olized Olicial							ogram (Coordinator	1 11 10
- Hu					. 5, 55 1		-g.am		1-11-18	

U.S. Department U.S. TRAINING					ninistration	1	A.S. Ir	ic.	ME AND ADDRESS		
EMPLOYE	ER FURNIS	SHED	HOUSIN	IG AND	FACILITI	ES		Nixon Ir 1, MO 6	ndustrial Blvd.		
		Instruct	tions on Rev	erse)							
2. HOUSING LOC							3. HOUSIN	G DESCR	RIPTION		
305 N. Rub Mason, MO							Large Lower	2 story Floor	home		
4. SLEEP ROOMS			rmitory Typ				nily Type		ES USE ON	NLY	
(No. & Measure) Length	1 12	15'5	3	4	1	2	3	4	5. CAPACITY g		
Width	14'7	13'1	-		+				6. REGULATIONS COMPLIA		
Ceiling Height	147	10.1		-					("x" proper box) Water	Yes No	
	175.35	245.0	12		-	-					
Square Feet	1/5.35	215.9	13						Electricity		
No. of Rooms No. of Beds,	-		+						Site		
Single No. of Beds or									Screening		
Bunks, Double	2 bunks	2 bun	ks						Heating		
7. FACILITIES (Number of each)											
Flush Toilets Privy Urinals Lav. or Washbasins Showerheads											
1							1				
Bathtubs	Movable Bar	thtubs	Laundry n	nachines	Fixed laun	dry tubs	Movable	laundry	1		
1							tubs				
Cook Stoves	Refrigerator	s	Garbage	containers	First-aid K	lits		nguishers	1		
1	1		1		1		(No. & ty	160			
8. COMMENTS											
9. EMPLOYER'S			:			- U.O. D		-#1 -L	NO Technical and Familian	A Carrian and that	
the housing de	scribed herei	n 🛛	meets 🗌	does not r	neet such s	tandards.	I hereby at	uthorize re	U.S. Training and Employmen presentatives of the State Em at any reasonable time.		
Employer's Signa		19			_	ped Name				Date	
David McClellan VP 2/15/18											
10. HOUSING IN	NSPECTED E	BY: Jo	yce Hahn								
Signature of Auth	. / .	al			1 ,	ped Name			0 1	Date	
Joyce 9								ogram	Coordinator	2/15/18	
1 . APPROVAL: Signature of Auth			for occupa	ancy by wo						Date	
-	Hahn	21					and Title Hahn, Pi	nogram	Coordinator	2/15/18	
Joyce	yrann					20,001		Jgrain		27.0710	

U.S. Department U.S. TRAINING					ninistration				ME AND ADDRESS	
50000000 -4000 401 -00000000 600			HOUSING		FACILITII	FS	A.S. Ir 1103 I		ndustrial Blvd	
			tions on Rever		AOILITII	-	Macor	n, MO 6	3552	
2. HOUSING LO	CATION						3. HOUSIN			
305 N. Rub Macon, MC								bedroe	house	
4. SLEEP ROOMS	2	a Do	rmitory Type			h Fan	nily Type			
(No. & Measure		2	3	4	1 1	2	3	4	ES USE	ONLY
Length	11.7	13	.2						5. CAPACITY (Adults)	
Width	13.3	13	`. .						6. REGULATIONS COMF ("x" proper box)	Yes No
Ceiling Height									Water	
Square Feet	143	174	.5						Electricity	
No. of Rooms								Site		
No. of Beds, Single									Screening	
No. of Beds or Bunks, Double	2	2							Heating	図 🗆
7. FACILITIES (A	lumber of eac	ch)								
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads		
į										
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	ry tubs	Movable	laundry		
<u> </u>							tubs			
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid Kit	s	Fire Extin	guishers		
1	1		1		\		(No. & ty)	pe)		
8. COMMENTS										
2 fire	2 <50	ap	e ro	Pe	lado	lers	ar	19 2	teps that	exit
+0	outsi	10								
	2001 31	CIE	-							
9. EMPLOYER'S	CERTIFICA:	LION.								
I CERTI	FY THAT I ha	ve revi		sing reg	ulations of th	e U.S. D	epartment o	of Labor, U	J.S. Training and Employm	ent Service, and that
the housing de									presentatives of the State E t any reasonable time.	imployment Service
	office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date									
David	Millel	-	L	IP	Do	wid	McCle	ellan	UP	03/89/2015
10. HOUSING IN										
Signature of Auth	orized Official	٦ .	*		100.00		and Title			Date
Dobra	مل		D	ebra N	/linish, S	tate Mo	onitor Advocate	3/9/2015		
11. APPROVAL: Housing approved for occupancy by workers recruited interstate.										
ignature of Auth	orized Official	, -	,		Typed Name and Title Date					
1 1 Dolain	nach		D	Debra Minish, State Monitor Advocate 3/9/2015						

U.S. Departmen U.S. TRAINING					A.S. Inc.						
EMPLOY	ER FURNIS	SHED	HOUSING	AND	FACILITI	ES			ndustrial Blvd		
II.			ions on Rever				Maco	n, MO 6	3552		
2. HOUSING LO	CATION						3. HOUSIN				
305 N. Rul							Larse	Dedroe	house		
Macon, Mo	J 03002						Low	ver l	level		
4. SLEEP ROOM		a. Doi	mitory Type			b. Far	nily Type		ES USE	ONLY	
(No. & Measure	9) 1	2	3	4	1	2	3	4	5. CAPACITY		
Length	12	15.5	5						(Adults) 6. REGULATIONS COMP	LIANCE	
Width	14.7	13.1	1						("x" proper box)	Yes No	
Ceiling Height									Water	X L	
Square Feet	175.35	215	9						Electricity		
No. of Rooms									Site	☑ □	
No. of Beds, Single								Screening			
No. of Beds or Bunks, Double									Heating	区 🗆	
7. FACILITIES (I	FACILITIES (Number of each)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads	1		
1							1				
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	dry tubs	Movable	laundry			
1			,			-	tubs	•			
Cook Stoves	Defrigerates		Carbaga	tainara	First-aid Ki	to	Fire Futir	nguishers			
COUR Stoves	Refrigerators	`	Garbage cor	Italiteis	riisi-alu Ki	เอ	(No. & ty	pe)			
8. COMMENTS			l				lak	od			
the housing de	IFY THAT I ha	ve revie	neets 🔲 do	es not n	neet such sta	andards.	I hereby au	ithorize rep	J.S. Training and Employme presentatives of the State E t any reasonable time.	ent Service, and that mployment Service	
Employer's Signa		111		. 0	7.2		and Title	11	110	Date	
Sund pedalle UP						avid	McCla	ellan	UP	03/09/2015	
10. HOUSING INSPECTED BY: Signature of Authorized Official Ty						ed Name	and Title		······································	Date	
Signature of Autr	Onized Official	1			1			State Mo	onitor Advocate	3/9/2015	
11. APPROVAL:	Housing and	roved f	or occupanc	v by worl							
ignature of Auth				, -,			and Title			Date	
Dalu	M	o k		1			State Mo	onitor Advocate	3/9/2015		

U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse) 2. HOUSING LOCATION 305 N. Rubey St. Mason, MO 63552 4. SLEEP ROOMS (No. & Measure) Length 11'7 13'2' Width A.S. Inc. 1102 Nixon Industrial Blvd. Macon, MO 63552 3. HOUSING DESCRIPTION Large 2 story home Upper Floor ES USE ONLY 5. CAPACITY (Adults) 6. REGULATIONS COMPLIANCE ("X" proper box) Yes									
2. HOUSING LOCATION 305 N. Rubey St. Mason, MO 63552 4. SLEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 Length 11'7 13'2' Whitth 13'3 13'2' 3. HOUSING DESCRIPTION Large 2 story home Upper Floor 5. Family Type FS USE ONLY 5. CAPACITY (Adults) 6. REGULATIONS COMPLIANCE		1							
305 N. Rubey St. Mason, MO 63552 Large 2 story home Upper Floor 4. SLEEP ROOMS (No. & Measure) 1 2 3 4 1 2 3 4 Length 11'7 13'2' Length 13'3 13'2' Midth 13'3 13'2 Large 2 story home Upper Floor 5. CAPACITY (Adults) 6. REGULATIONS COMPLIANCE									
(No. & Measure) 1 2 3 4 1 2 3 4 Length 11'7 13'2' 5. CAPACITY (Adults) 8 Width 13'3 13'2 6. REGULATIONS COMPLIANCE									
Length 11'7 13'2' 5. CAPACITY (Adults) 8 Width 13'3 13'2 6. REGULATIONS COMPLIANCE		1							
Length 117 132 (Adults) O Width 133 132 6. REGULATIONS COMPLIANCE		1							
	No								
Ceiling Height Water									
Square Feet 143 174.50 Electricity									
No. of Rooms Site									
No. of Beds, Single									
No. of Beds or Bunks, Double 2 bunks 2 bunks Heating		1							
7. FACILITIES (Number of each)		1							
Flush Toilets Privy Urinals Lav. or Washbasins Showerheads		I							
1 1									
Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs 1									
Cook Sloves Refrigerators Garbage containers First-aid Kits Fire Extinguishers		١							
1 1 1 (No. & type) 1abc									
8. COMMENTS 2 fire escape rope ladders and steps that exit to outside. 6. ENDLOYEDS OF DESCRIPTION.									
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, a the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.									
Employer's Signature Typed Name and Title David McClellan VP 2/15/	18								
10. HOUSING INSPECTED BY: Joyce Hahn		_							
Signature of Authorized Official Typed Name and Title Date		_							
Joyce Hahn, Program Coordinator 2/15/	18								
14. APPROVAL: Housing approved for occupancy by workers recruited interstate.		-							
Signature of Authorized Official Typed Name and Title Date									
Goyce Hahn, Program Coordinator 2/15/	Joyce Hahn, Program Coordinator 2/15/18								

U.S. Department U.S. TRAINING					ministration	A.S. Inc.							
			HOUSING		FACILITI	ES		2 700	ndustrial Blvd.				
			ctions on Rever				Macor	n, MO 6	3552				
2. HOUSING LO	CATION						3. HOUSIN	IG DESCF	RIPTION				
305 N. Rub Mason, MC								2 story Floor	home				
4. SLEEP ROOMS			mitory Type	-			nily Type		ES USE O	NLY			
(No. & Measure		2	3	4	1	2	3	4	E CADACITY				
Length	12	15'8		-					(Adults) 8	ANCE			
Width	14'7	13'1	1						("x" proper box)	Yes No			
Ceiling Height									Water				
Square Feet	175.3	5 215.9	93						Electricity				
No. of Rooms									Site				
No. of Beds, Single									Screening	$\boxtimes \square$			
No. of Beds or Bunks, Double	2 bunk	s 2 bur	nks						Heating				
7. FACILITIES (A		ach)		-									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerh	eads	1				
1							1						
Bathtubs	Movable E	Bathtubs	Laundry ma	chines	Fixed laund	Iry tubs	Movable	laundry					
1							tubs						
Cook Stoves	Refrigerate	ors	Garbage co	ntainers	First-aid Kit	s		nguishers					
1	1		1		1	(No. & type)							
8. COMMENTS													
9. EMPLOYER'S	CEDTIEIC	ATION:											
I CERTI	FY THAT I	have revi							J.S. Training and Employmen				
									presentatives of the State Em	ployment Service			
office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date													
David	Mull	ell			D	avid M	lcClellar	ı VP		3/10/17			
10. HOUSING INSPECTED BY: Joyce Hahn													
Signature of Author	orized Offic	ial/			-	d Name			200	Date			
(/gy	x X	L			J	oyce H	ahn, Pro	ogram (Coordinator	3/10/17			
11. APPROVAL:			for occupanc	y by worl									
Signature of Author	orized Offic	ial /			Typed Name and Title				5	Date			
/ Lon			J	oyce H	ahn, Pro	ogram (Coordinator	3/10/17					

EMPLOYER FURNISHED HOUSING AND FACILITIES 2. HOUSING LOCATION 305 N. Rubey St. Macon, MO 63552 4. SLEEP ROOMS (No. 63552) 4. SLEEP ROOMS (No. 63552) 4. SLEEP ROOMS (No. 6468asre) 4. SLEEP ROOMS (No. 6468asre) 4. SLEEP ROOMS (No. 6468asre) 5. CANACITY (No. 6468asre) 5. CANACITY (No. 6468asre) 6. CANACITY (No. 6468asre) 6. CANACITY (No. 6468asre) 6. CANACITY (No. 6468asre) 6. CANACITY (No. 6468asre) 6. CANACITY (No. 6468asre) 6. CANACITY (No. 6468asre) 6. CANACITY (No. 6468asre) 7. CALIFER (No. 6468asre) 8. State (No. 6468asre) 8. State (No. 6468asre) 8. State (No. 6468asre) 8. State (No. 6468asre) 8. State (No. 6468asre) 9. State (No. 6468asre) 1. Calling Height (No. 6468asre) 1. All Height (No. 6468asre) 1. Calling Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre) 1. All Height (No. 6468asre	U.S. Department U.S. TRAINING						ninistration		1. EMPLO A.S. Ir		AME AND ADDRESS			
2. HOUSING LOCATION 305 N. Rubby St. Macon, MO 63552 4. SILEEP ROOF 4. SILEEP ROOF 4. SILEEP ROOF 4. SILEEP ROOF 4. SILEEP ROOF 4. SILEEP ROOF 5. CAPACITY 8 4. CAP							FACILITI	ES	1102 I	Nixon II				
Large 2 story home			(See	Instruc	tions on Rev	erse)			Macor	n, MO 6	3552			
Macon, MO 63552 4. SLEEP ROOMS 4. SLEEP ROOMS 4. SLEEP ROOMS 5. CAPACITY (Mo. & Measure) 1	2. HOUSING LO	CATIO	N						3. HOUSIN	G DESCF	RIPTION			
Length 12 15'5											home			
Length 12 15'5					rmitory Typ	е		b. Fan	nily Type		FS US	E ONLY		
Width 147 1311)				4	1	2	3	4	5 01010171			
Ceiling Height Ceiling Height Ceiling Height No. of Rooms No. of Rooms No. of Bads, Single No. of Bads or 2 2 2				1.00.00.10=							(Adults)			
Square Feet 175.35 215.93 Square Feet 175.35 Square Feet 175.35 215.93	Width		14'7	13'1	1							VIPLIANCE		No
No. of Rooms No. of Beds, Single No. of Beds or Single No. of Beds or 2 2 2 No. of Beds or Common Single Socreening No. of Beds or Socreening No. of Socreening No. of Beds or Socreening No. of Beds or Socreening No. of Beds or Socreening No. of Beds or Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of Socreening No. of Beds of	Ceiling Height										Water			Ш
No. of Beds, Single	Square Feet	1	75.35	215.9	3						Electricity		\boxtimes	
Single No. of Bods or Bunks, Double 7. FACILITIES (Number of each) Fitush Toilets Privy Urinals Laundry machines I Bathtubs Movable Bathtubs Bathtubs Movable Bathtubs I Laundry machines I Bathtubs I Laundry machines I Sirist-aid Kits I I Bathtubs I Laundry machines I I I I I I I I I I I I I I I I I I I											Site		\boxtimes	
Bults, Double 2 2 2											Screening		\boxtimes	
Flush Toilets Privy Urinals Lav. or Washbasins Showerheads 1 Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs Cook Stoves Refrigerators 1 1 1 1 1 1 1 8. COMMENTS 1 1 1 1 1 1 1 8. COMMENTS 2 2 2 2 2 2 9. EMPLOYER'S CERTIFICATION:			2	2							Heating		\boxtimes	
1 Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs 1 Cook Stoves Refrigerators 1 First-ald Kits 1 Fire Extinguishers (No. & type) 1 abc 8. COMMENTS 9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein	7. FACILITIES (A	lumbe	mber of each)											
Bathtubs Movable Bathtubs Laundry machines Fixed laundry tubs Movable laundry tubs	Flush Toilets	Privy			Urinals		Lav. or Wa	shbasins	Showerhe	eads	1			
1 Cook Stoves Refrigerators 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1								1					
Cook Stoves Refrigerators Garbage containers First-aid Kits Fire Extinguishers (No. & type) 1 1 1 1 1 1 1 1 1 1	Bathtubs	Mova	ble Batt	ntubs	Laundry m	achines	Fixed laund	dry tubs		laundry				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1								tubs					
8. COMMENTS 9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein makes does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title David McClellan VP 10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	Cook Stoves	Refri	gerators		Garbage o	ontainers	First-aid Ki	ts	Fire Extin	guishers				
9. EMPLOYER'S CERTIFICATION: I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title David McClellan VP 10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 11. Al PROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	1	1			1		1							
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Date Date Joyce Hahn Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 11. All PROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date Date	8. COMMENTS								1 ab					
I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein meets does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Employer's Signature Typed Name and Title Date Date Doyce Hahn Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 11. All PROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date Date Typed Name and Title Date														
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Typed Name and Title David McClellan VP 10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 11. All PROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date 3-24-16 Typed Name and Title Date														
David McClellan VP 10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 11. All PROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date Date			ment and	d Train	ing Admini	stration reg				housing a	t any reasonable time.			
10. HOUSING INSPECTED BY: Joyce Hahn Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 11. All PROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	Employer's Signa													
Signature of Authorized Official Typed Name and Title Joyce Hahn, Program Coordinator 11. APPROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	Davo		/he	lax				David IV	IcClellar	1 VP		03/	29/	2016
Joyce Hahn, Program Coordinator 11. All PROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date														
11. All PROVAL: Housing approved for occupancy by workers recruited interstate. Signature of Authorized Official Typed Name and Title Date	Signature of Auth	orized	Official	1						ogram (Coordinator	3	29.	11
Signature of Authorized Official Typed Name and Title Date	11 AMPROVAL	Hou	sing ann	roved	for occupa	icy hy wor				- J J		0	-	ط
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-	/	ioi oocupai	O D WOI								
boyot Halli, Hogiam coolamator	Signature of Authorized Official						Joyce Hahn, Program Coordinator 3-24-16					16		

U.S. Department U.S. TRAINING	of Labor, E	mployn LOYM	nent and Train	ning Adı CE	ninistration		1. EMPLO A.S. Ir		AME AND ADDRESS			
EMPLOY	ER FURNI	SHED	HOUSING	S AND	FACILITI	ES	1102 I	Nixon Ir	ndustrial Blvd.			
	(See	e Instruc	tions on Rever	se)			iviacor	n, MO 6	3332			
2. HOUSING LO	CATION						3. HOUSIN	IG DESCF	RIPTION			
305 N. Rub Macon, MC								2 story Floor	home			
4. SLEEP ROOMS	S	a. Do	mitory Type		1	b. Fan	nily Type		Le ner	E ONLY		
(No. & Measure) 1	2	3	4	1	2	3	4		ONLI		
Length	11'7	13'2	2						(Addits)	8 MDUANCE		
Width	13'3	13'2	2						6. REGULATIONS COM ("x" proper box)		Yes	No
Ceiling Height					4				Water		$\underline{\boxtimes}$	<u>Ц</u>
Square Feet	143	174.5	50						Electricity			
No. of Rooms									Site		\boxtimes	
No. of Beds, Single									Screening		\boxtimes	
No. of Beds or Bunks, Double	2	2							Heating		\boxtimes	
7. FACILITIES (A	lumber of ea	ch)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	1			
1							1					
Bathtubs	Movable Ba	thtubs	Laundry mad	chines	Fixed laund	dry tubs	Movable	laundry				
1							tubs					
Cook Stoves	Refrigerator	s	Garbage cor	ntainers	First-aid Ki	ts	Fire Extin		1			
1	1		1		1		1 ab					
8. COMMENTS												
2 fire esca	pe rope la	adders	and step	s that	exit to ou	ıtside.						
9. EMPLOYER'S								many				
									J.S. Training and Employ presentatives of the State			
									it any reasonable time.	, Linployino	in 001	V100
Employer's Signature Typed Name and Title Date										1		
David Millelle Day							1 cClellar	ı VP		03/:	29/	2016
10. HOUSING IN		yce Hahn										
Signature of Authorized Official Typed Name a									On a maller = 4 = =	Date	34	,,
y ca	1					ogram (Coordinator	3-3	7	4		
11. APPROVAL			for occupancy	y by worl						Te (
Signature of Auth	orized Officia		1		1	ed Name			On andirector	Date 2 -7	94	1
Clayer Hel						oyce F	iann, Pro	ogram (Coordinator	3-2	-17	

U.S. Departmen	t of Labor, Er	nployn	ent and Tra	ining Ad	ministration	1	EMPLOYER'S NAME AND ADDRESS AJ&E Container Tree Farm, LLC						
U.S. TRAINING					E40# E			Contair Hwy N	ner Tree Farm,	LLC			
EMPLOY	ER FURNI		tions on Reve		FACILIT	IES		on, MO	63368				
2. HOUSING LO		718511 660	iiona on tacve	1 30)			3. HOUSIN	IG DESCR	RIPTION				
5248 State Trailer C Benton, Mo	•						Traile	r					
4. SLEEP ROOM (No. & Measure	-	r	mitory Type				nily Type		ES	USE ONLY			
Length	109'	10	3	4	1	2	3	4	5. CAPACITY	2		-	
Width	8'3"	110	5"	1					(Adults) 6. REGULATIONS	COMPLIANCE			
Ceiling Height	8	8	-						("x" proper box) Water		Yes	No	
Square Feet	The same of the same		~						Electricity			뉴	
No. of Rooms	110.19	116.	4,0						Site			一	
No. of Beds,	1	2			-				Screening			一	
	No. of Beds or Bunks, Double											一	
	Bunks, Double 7. FACILITIES (Number of each)							Heating pasins Showerheads					
Flush Toilets	Privy	<i>,</i>	Urinals		Lav. or Wa	ashbasins	Showerh	eads	1				
/	,					30113431114	1						
Bathtubs /	Movable Bat	thtubs	Laundry ma	achines	Fixed laun	dry tubs	Movable tubs	laundry					
Cook Stoves	Refrigerator	S	Garbage co	ontainers	First-aid K	lits	Fire Extin	nguishers pe)					
/			/								_		
heed a	screen ndow	and	l BR										
the housing de office and/of)E	FY THAT I has scribed herein mployment ar	ive revi	neets 🔲 d	loes not r	neet such st gional office	tandards. to inspect	I hereby au the above	thorize rep	J.S. Training and Em presentatives of the S t any reasonable tim	State Employme	ice, and ent Ser	i that vice	
fall of	Employer's Signature Date Typed Name and Title Date 7-26-17												
10. HOUSING IN			/cg Hahn		•								
Signature of Auth	orized Official	11	1_	_	••	ed Name		oarom (Coordinator	Date		-	
44 40000000	you 1	V (ogram (Coordinator	1-0	26-	//	
11. APPROVAL:	Housing app		or occupan	cy by wor		ed interstated				Date			
Signature of Auth	A MICIA	1/2	e	-	1			ogram (Coordinator		7/	17	
144	1/					Joyce Hahn, Program Coordinator 7- 26-17							

Form Approved Budget Bureau No. 44-R1358

U.S. Departmen U.S. TRAINING	G AND EMPI ER FURNIS	SHED	ENT SERVIC	E AND			AJ&E (Contair Iwy N	ME AND ADDRESS ner Tree Farm, LLC 63368		
. HOUSING LO	CATION		700				B. HOUSING	G DESCF	RIPTION		
5248 State Trailer C Benton, M	•						720 sq	ft Trai	ler		
. SLEEP ROOM	The second secon		rmitory Type				ily Type		ES USE	ONLY	
(No. & Measure	e) 1 10'9	10'11	3	4	1	2	3	4	5. CAPACITY 4		
Length			-						(Adults) 6. REGULATIONS COM	PLIANCE	
Width	8'3	11'5							("x" proper box)	Yes	No
Ceiling Height	8	8							Water	\square	
Square Feet	110.19	116.2	6						Electricity	\boxtimes	
No. of Rooms	1	1							Site	\boxtimes	
No. of Beds, Single	2	2							Screening	\boxtimes	
No. of Beds or Bunks, Double									Heating	\boxtimes	
'. FACILITIES (ch)									
lush Toilets	Privy	_	Urinals		Lav. or Wash	basins	Showerhe	ads	1		
1							1				
Bathtubs	Movable Bat	thtubs	Laundry mad	hines	Fixed laundry	tubs	Movable i tubs	aundry			
Cook Stoves	Refrigerator	5	Garbage con	tainers	First-aid Kits		Fire Exting				
1	1		1		1		(No. & typ	e)			
- FMOLONE		FIGN									
the housing de	TIFY THAT I ha escribed herei Employment ar	n 🛛 r	neets 🗌 do	es not n	neet such stangional office to	dards. I inspect	hereby aut	horize re	J.S. Training and Employn presentatives of the State at any reasonable time.		
- H	7000	11	(уреа			2-1	0/10	8/23/18	
1 1 1 1	NSPECTED B	Y: Jon	yce Hahn		1//	in	KILE	7.50	- pris.		
D. HOUSING II			y								
		I			Typed	Name	and Title			Date	
Signature of Auti	horized Official	I						ogram (Coordinator	Date 8/23/18	
Signature of Auti	horized Officia Hahn		for occupancy	by worl	Jo	усе Н	ahn, Pro	ogram (Coordinator	20,000	
Signature of Authorized governous go	horized Official Hahn Housing ap	proved	for occupancy	by worl	Jog kers recruited i	yce H interstat	ahn, Pro	ogram (Coordinator	20,000	_

U.S. Department U.S. TRAINING					ministration	ion 1. EMPLOYER'S NAME AND ADDRESS Alewelt Concrete Inc.						
			HOUSING		FACILITI	ES	18358	County	Hwy D-20			
	(Sec	e Instruc	tions on Rever	se)			Alden	, Iowa 5	60006			
2. HOUSING LOC	CATION					1	3. HOUSIN	IG DESCR	RIPTION			
1028 Sonn Moberly, M		_ot #≱	444				16 x 8	0 Mobil	e Home			
4. SLEEP ROOMS			mitory Type			b. Farr	nily Type		ES USE O	NI V		
(No. & Measure,		2	3	4	1	2	3	4	E CADACITY	1421		
Length	13'6	13.6	3 13.6	-					(Adults)	ANOT		
Width	11.6	11.6	5 11.6						6. REGULATIONS COMPLI ("x" proper box)	Yes No		
Ceiling Height	8	8	8						Water			
Square Feet	160	160	160						Electricity			
No. of Rooms									Site			
No. of Beds, Single									Screening			
No. of Beds or	Bunks, Double 2 2 2								Heating			
	7. FACILITIES (Number of each)						Troum's					
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins						
2					2		2					
Bathtubs	Movable Ba	thtubs	Laundry ma	chines	Fixed laund	iry tubs	Movable	laundry				
2							tubs			1		
Cook Stoves	Refrigerator	s	Garbage co	ntainers	First-aid Kit	s	Fire Extin					
1	1		1		1		(No. & ty)	pe)	1			
8. COMMENTS												
Smoke and City trash p Local laund New quality	oick-up dry matt y built cor	nstruc		ctors -	4							
the housing de office and/or Er	FY THAT I has scribed herei mployment a	ave revi n 🔯 r	meets 🔲 de	oes not n	neet such sta gional office t	andards. I to inspect	hereby au the above	thorize rep	J.S. Training and Employmen presentatives of the State Em t any reasonable time.	ployment Service		
Employer's Signature Typed Name and Title THOMAS K. Sockia Superusure All										4/7/2015		
10. HOUSING IN		Y:							V			
Signature of Auth	orized Officia	ıl.			1	ed Name				Date		
Deleva	IN	WIL	sh					tate Mo	onitor Advocate	4/7/2015		
11. APPROVAL:			for occupanc	y by wor						I= .		
ignature of Auth	orized Officia	1	7			ed Name		4_4_ 8.5		Date 4/7/0045		
Dolma	Dalia Minish						riinish, S	tate Mo	onitor Advocate	4/7/2015		

	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITY							Augusta Wine Company							
EMPLOY	_		HOUSIN		FACILITI	ES	5601 I		reet; PO Box 8						
2. HOUSING LOC		see man ne	nons on rete	86)			3. HOUSIN	C DECCE	POTION						
542 Crow C Augusta, M	Creek L							Home	RP HUN						
4. SLEEP ROOMS		a. Do	rmitory Type			b. Farr	ily Type		ES USE O	NI V					
(No. & Measure,) 1	2	3	4	1	2	3	4	5. CAPACITY 7	I What					
Length	12	_							(Adults) 5	ANCE					
Width	11	11							("x" proper box)	Yes No					
Ceiling Height	8	8							Water						
Square Feet	132	132	2						Electricity						
No. of Rooms	1	1							Site						
No. of Beds, Single		2							Screening	0,0					
No. of Beds or Bunks, Double	Bunks (Double)								Heating						
7. FACILITIES (A								-							
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhe	eads							
1						1									
Bathtubs	Movable	Bathtubs	Laundry ma	chines	Fixed launc	dry tubs	Movable	laundry							
1			1				tubs								
Cook Stoves	Refrigera	tors	Garbage co	ntainers	First-aid Kit	is	Fire Extin								
1	1				1		(No. & typ	oe)							
8. COMMENTS			-												
9. EMPLOYER'S															
the housing des	scribed he	rein 🛛 ı	meets 🔲 d	oes not n	neet such sta	andards. I	hereby au	thorize rep	J.S. Training and Employmen presentatives of the State Em	t Service, and that ployment Service					
oπice and/or Er Employer's Signal		t and I rain	ning Administ	ration reg				nousing a	t any reasonable time.	Date					
Employer's Signal	11/2	Viali	NI	ae.		ed Name : Debbie l	and the Brinkma	in		12/6/18					
10. HOUSING IN	SPECTED	BY: Jo	yce Hahn	evi_						12/0/10					
Signature of Author					Туре	ed Name	and Title			Date					
Joyce 9	Hahn				J	oyce H	ahn, Pro	ogram (Coordinator	12/6/18					
11 APPROVAL:			for occupanc	y by worl	kers recruited	d interstat	e.								
Signature of Author		cial				ed Name		·	D	Date					
Joyce 9	Yann				J	oyce H	ann, Pro	ogram (Coordinator						

U.S. Department U.S. TRAINING					ninistration		1. EMPLOYER'S NAME AND ADDRESS Augusta Wine Company					
EMPLOY			HOUSING		FACILITI	ES		High St⊦ sta, MO	reet; PO Box 8	·		
a Householo		e instruc	tions on Rever	se)								
2. HOUSING LO		ne					3. HOUSIN Ranch	G DESCR Home			i	
Augusta, M												
4. SLEEP ROOMS	S	a. Do	mitory Type		T	b. Farr	nily Type		TO HOE	ONLY		
(No. & Measure) 1	2	3	4	1	2	3	4	ES USE	ONLY		
Length	12	12							5. CAPACITY (Adults)			
Width	11	11							6. REGULATIONS CON ("x" proper box)		Yes	No
Ceiling Height	8	8							Water			ᆜ
Square Feet	132	132	2						Electricity			
No. of Rooms	1	1							Site		ᆜ	ᆜ
No. of Beds, Single	Single 2 No. of Beds or 1 Db								Screening		<u>Ц</u>	
	Bunks, Double								Heating			
7. FACILITIES (N		ich)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	9. No. 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
1							1					
Bathtubs	Movable Ba	athtubs	Laundry ma	chines	Fixed laund	dry tubs	Movable laundry tubs					
1			1									
Cook Stoves	Refrigerato	rs	Garbage co	ntainers	First-aid Ki	ts	Fire Extin	guishers pe)				
8. COMMENTS												
6. COMMENTS												
9. EMPLOYER'S												
the housing de	scribed here	in 🔯 i	meets 🔲 de	oes not n	neet such st	andards. I	hereby au	thorize rep	J.S. Training and Employoresentatives of the State			
		nd Trail	ning Administ	ration reg				housing a	t any reasonable time.			
Employer's/Signa	man			ed Name : Debbie I	^{and Title} Brinkma	ın		Date)	16		
10. HOUSING IN	ISPECTED E	3Y: Jo	yce Hahn							-		•
Signature of Ayth			/			ed Name				Date		
Ger	wh	Sa						ogram (Coordinator	11-2	2-	16
11. APPROVAV:			for occupanc	y by worl	cers recruite	d interstat	te.					
Signature of Auth	orized Officia	1/	1 -			ed Name				Date		
You	Clonce Her						ahn, Pr	ogram (Coordinator	11-	22	-16

U.S. Departme					ministration	1 EMPLOYER'S NAME AND ADDRESS Augusta Wine Company					
	YER FURN	ISHED		AND	FACILITIES	5601	High S	treet; PO Box 8 0 63332			
2. HOUSING LO						3. HOUSII	NG DESC	RIPTION			
520 Crow Augusta, I	THE PARTY OF THE P					Ranc	h Home	2			
4. SLEEP ROOM (No. & Measur		a. Do	ormitory Type	4	the state of the s	mily Type		ES USE ONL	.Y	-	
Length	12	12			1 2	3	44	5. CAPACITY 3			
								(Adults) 6. REGULATIONS COMPLIAN	CE		
Width	11	11			<u> </u>			("x" proper box)	Yes	No	
Ceiling Height	8	8				1		Water			
Square Feet	132	132						Electricity			
No. of Rooms	1	1	i					Site			
No. of Beds, Single		2						Screening			
No. of Beds o Bunks, Double								Heating			
7. FACILITIES		ich)							-		
Flush Toilets 1	Privy		Urinals		Lav. or Washbasins	Showerh 1	neads				
Bathtubs	Movable Ba	athtubs	Laundry mad	hines	Fixed laundry tubs	Movable tubs	laundry				
Ccok Stoves	Refrigerator	rs	Garbage con	tainers	First-aid Kits	Fire Exti	nguishers (pe)				
8. COMMENTS											
the housing d	TFY THAT I hescribed here	ave revi in 🔯 r	neets 🔲 do	es not n	neet such standards.	I hereby at	uthorize re	U.S. Training and Employment Se presentatives of the State Employ at any reasonable time.			
Employe Sign	alure.	?	1		Typed Name			Da	ete		
Delle	lu Di	uns	man	in	Debbie	Brinkma	an ———		1- 1	i i	
10. HOUSING			yce Hahn					A Control of the Cont			
Signature of Aut					Typed Name			The second secon	ate	,	
. 47	6%.	" p &	1 c pa		Joyce I	ann, Pr	ogram	Coordinator	1.	,	
11. APPROVAL	. Housing ar	proved	for occupancy	by worl	kers recruited intersta	ate.					
Signature of Aut	horized Officia	3,			Typed Name			1	ate		
من ا	,	7			Joyce I	dahn, Pr	ogram	Coordinator	3.7	: , !	

1 1

U.S. Department U.S. TRAINING					ministration	Augusta Wine Company						
EMPLOY	ER FURNI				FACILITI	ES	5601 l		reet; PO Box 8			
2. HOUSING LO		Instruc	tions on Rever	se)			B. HOUSIN					
						Ι,			RETION			
520 Crow (Augusta, M		е					Rancr	1 Home				
4. SLEEP ROOMS	S	a. Do	mitory Type		1	b. Fam	ily Type		ES USE ONLY	,		
(No. & Measure) 1	2	3	4	1	2	3	4	5. CAPACITY			
Length	12	12							(Adults) 6. REGULATIONS COMPLIANCE	`C		
Width	11	11							("x" proper box)	Yes No		
Ceiling Height	8	8							Water			
Square Feet	132	132	!						Electricity			
No. of Rooms	1	1							Site			
No. of Beds, Single		2							Screening			
No. of Beds or Bunks, Double	Bunks, Double								Heating			
7. FACILITIES (A	7. FACILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	sins Showerheads					
1												
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	s Movable laundry tubs					
1			1				tubs					
Cook Stoves	Refrigerators	5	Garbage cor	ntainers	First-aid Kit	ts	Fire Extin					
1	1				1		(No. & ty)	oe)				
8. COMMENTS												
9. EMPLOYER'S	CERTIFICAT	ION.										
I CERTI	FY THAT I ha	ve revi							J.S. Training and Employment Se			
									presentatives of the State Employ t any reasonable time.	ment Service		
Employer's Signa)	,			ed Name		-	Dat	te		
Mille	ue B	wu.	lman	11		ebbie l	Brinkma	ın	/	-14-16		
10. HOUSING IN	SPECTED B	Y: Jo	yce Hahn						- H			
Signature of Auth	orized Official	11	,			ed Name			Dat	te		
Cor	, ce/	Va	_		J	oyce H	ahn, Pro	ogram (Coordinator /-	-14-16		
11. APPROVAL			for occupancy	by worl	cers recruite	d interstat	e.					
Signature of Auth	orized Official	/	/			ed Name			Dat			
Jeni	1 X	al	_		J	oyce H	ahn, Pro	ogram (Coordinator /	14-16		

U.S. Department U.S. TRAINING		OYMI	ENT SERVI	CE		Brenda Benner Stables, Inc					
ENIFLOT			tions on Rever		FACILII	IE9			0 65202		
2. HOUSING LO	CATION					1	B. HOUSIN	IG DESCF	RIPTION		
Same as A	bove						Apartr	ment ad	ljacent to Stables		
4. SLEEP ROOM		a. Do	mitory Type	4	1	b. Fam	nily Type	4	ES USE O	NLY	
Length					11'	2	3	4	5. CAPACITY (Adults)		
Width					12'				6. REGULATIONS COMPL ("x" proper box)		lo
Ceiling Height					8'				Water		
Square Feet					242'				Electricity	\boxtimes	J
No. of Rooms					1				Site	\boxtimes	
No. of Beds, Single									Screening	\boxtimes	
No. of Beds or Bunks, Double	No. of Beds or Bunks, Double 7. FACILITIES (Number of each)								Heating		
7. FACILITIES (A	Number of each	1)									
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerho	eads			
Bathtubs	Movable Bath	tubs	Laundry mad	hines	Fixed laur	ndry tubs	Movable	laundry			
1			1				tubs				
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid K	Cits	Fire Extin	pe)			
8. COMMENTS											
the housing de office and/or E	FY THAT I hav scribed herein mployment and	re revie	neets 🔲 do	es not n	neet such s	tandards. I	hereby au	thorize rep	J.S. Training and Employmer presentatives of the State Empt any reasonable time.	ployment Servic	nat æ
Employer's Signa	1 0	vnu	1			ped Name a Brenda l		Presid	ent	Date 11/20/16	
10. HOUSING IN		-	ce Hahn								
Signature of Auth	orized Official	1	/			oed Name a		ogram (Coordinator	Date 11/20/16	
11. APPROVAL:	Housing appr	nund i	for occupant	, by wo-				-grain (11/20/10	
Signature of Auth		V/	or occupancy	by won				_		Date	
Je 27	1:11:			1 2.	Typed Name and Title Joyce Hahn, Program Coordinator Date 11/20/16						

	J.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES								1. EMPLOYER'S NAME AND ADDRESS Brenda Benner Stables, Inc					
		20			FACILIT	IFS			d Gravel Rd					
			tions on Rever				Colum	bia, MO	O 65202					
2. HOUSING LOC	ATION				1	1	B. HOUSIN	G DESCR	RIPTION					
Same as A	bove						Apartr	nent ad	janct to stables	-				
4. SLEEP ROOMS	3	a Do	rmitory Type			h Fam	ily Type							
(No. & Measure)		2	3	4	1	2	3	4	ES USE O	NLY				
Length					11'				5. CAPACITY (Adults) 3					
Width					12'				6. REGULATIONS COMPL ("x" proper box)	Yes No				
Ceiling Height		2			8'				Water					
Square Feet					242'				Electricity					
No. of Rooms					1				Site	\boxtimes				
No. of Beds, Single									Screening					
No. of Beds or Bunks, Double	8				1				Heating					
7. FACILITIES (A														
Flush Toilets	Privy		Urinals		Lav. or Wa	r Washbasins Showerheads								
1						1								
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laun	dry tubs	Movable tubs	laundry						
1			1											
Cook Stoves	Refrigerators	5	Garbage co	ntainers	First-aid K	its	Fire Extir	guishers						
	1		1		1		1 ab							
8. COMMENTS			'											
9. EMPLOYER'S	CERTIFICA	TION:												
I CERTI	FY THAT I ha	ve revi	The same of				•		U.S. Training and Employme					
									presentatives of the State En at any reasonable time.	nployment Service				
Employer's Signa						oed Name			200	Date				
Bren	de Bo	n	nen			Brenda	Benner	Presid	ent	12/9/14				
10. HOUSING IN	ISPECTED B	Y: Jo	yce Hahn											
Signature of Auth	-	1/	1			oed Name Joyce H		orkforce	e Specialist IV	Date 17 / 9 / 1/				
11. APPROVAL	Housing an	havono	for occupano	y by wor						11/14				
Signature of Auth		-	.o. ocoupant	, o, 1101		ped Name		20 24 22 22 2		Date ,				
Uma	1. A	1				9 98 252 33 26330		orkforce	e Specialist IV	12/9/11				
7040	el!	_								17/17				

	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES								EMPLOYER'S NAME AND ADDRESS Briggs Traditional Turf Farm, Inc.					
					FACILITI	ES		S. Har						
			tions on Rever			_	Peculi	ar, MO	64078					
2. HOUSING LO	CATION					;	3. HOUSIN	G DESCF	RIPTION					
160 W. 2 nd Peculiar, M							Fran	ne Bar	racks					
4. SLEEP ROOM			mitory Type				ily Type		ES USE ON	NLY				
(No. & Measure	- 0	2	3	4	1	2	3	4	5. CAPACITY	121				
Length	9.7	29			-				(Adults) 6. REGULATIONS COMPLIA	ANCE				
Width	16'11	1310							("x" proper box)	Yes No				
Ceiling Height	- 8	8	8						Water					
Square Feet	156.26	412.	83 MI.24						Electricity					
No. of Rooms	1	-1	1						Site					
No. of Beds, Single		1	1						Screening					
No. of Beds or Bunks, Double	IDB	4131	4 1612						Heating					
7. FACILITIES (A	Number of eac													
Flush Toilets	Privy	-11-	Urinals		Lav. or Wa	shbasins	Showerhe	eads						
2	-						2							
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable tubs	laundry						
Cook Stoves	Refrigerators	3	Garbage cor	tainers	First-aid Kit	ts	Fire Extin							
	2		2		/		(No. & typ	Je)						
8. COMMENTS	J													
Laundr Once o	y mat	Wi	thin u	walk	Ling	dis	tence	-						
Once o	i wee	K-	rash	pi L	isn b									
				*										
9. EMPLOYER'S			ewed the hou	eina rea	ulations of th	alls D	enartment (of Labor 1	J.S. Training and Employment	Sonice and that				
the housing de	scribed hereir	ı 🛛 r	neets 🗌 do	es not r	neet such sta	andards. I	hereby au	thorize re	presentatives of the State Emp	oloyment Service				
employer's Signa		id I rain	ing Administr	ation re		to inspect ed Name		housing a	at any reasonable time.	Date				
LAWrener CARA Bright 3-8-16														
10. HOUSING IN	SPECTED B	Y: Joy	yce Hahn			1	AGE TIM	164 NI	- 77	0 1 16				
Signature of Auth	orized Official				Туре	ed Name	and Title			Date				
Joyce 9								ogram	Coordinator	3-018-18				
The state of the s	Housing app		for occupanc	by wor										
Signature of Auth					• •	ed Name			Coordinates	Date				
Joyce of	rann				J	Joyce Hahn, Program Coordinator 3-08-18								

	J.S. Department of Labor, Employment and Training Administration J.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES							1. EMPLOYER'S NAME AND ADDRESS H2A Complete II, Inc.					
EMPLOY					FACILIT	TES			mmercial Drive	N.			
a HOHEING LOG		e instruc	tions on Rever	se)									
2. HOUSING LOC						1,	B. HOUSIN						
410 Main S Hornersville		355					Brick	Building	Į.				
4. SLEEP ROOMS	3	a. Do	rmitory Type			b. Fam	ily Type		F0.1	IOF ONLY			
(No. & Measure,) 1	2	3	4	1	2	3	4		JSE ONLY			
Length	23'2	18'9	18'9	40'6					5. CAPACITY (Adults)	45	-		
Width	13'6	12'5	15'8	18'5					6. REGULATIONS (("x" proper box)	COMPLIANC	Yes	No	
Ceiling Height	8	8	8	8					Water		\boxtimes		
Square Feet	315.52	236.2	25 298.62	751.1					Electricity		\boxtimes		
No. of Rooms	1	1	1	1					Site		\boxtimes		
No. of Beds, Single									Screening		\boxtimes		
No. of Beds or Bunks, Double	Bunks, Double 4 DK 3 DK 4 DK 9DK								Heating		\boxtimes		
7. FACILITIES (A	ch)												
Flush Toilets	Privy		Urinals		Lav. or W	ashbasins	Showerh	eads					
10					10		7						
Bathtubs	Movable Ba	thtubs	Laundry mad	chines	Fixed laur	ndry tubs	Movable tubs	laundry					
Cook Stoves	Refrigerator	s	Garbage cor	ntainers	First-aid h	Kits	Fire Extir		1				
82	4		6		1		(No. & ty)						
8. COMMENTS													
Mess Hall i	is off-site.	Coo	ks will be	the on	ly ones	to have	access	to the k	kitchen area in t	ne bunk h	ouse.		
Trash pick	up once a	weel	ζ.										
9. EMPLOYER'S	CERTIFICA	TION:											
I CERTI	FY THAT I ha	ave <u>re</u> vi	ewed the hou	sing reg	ulations of	the U.S. De	partment	of Labor, l	J.S. Training and Emp	oloyment Ser	vice, an	d that	
									presentatives of the S		nent Se	rvice	
Employer's Signa						ped Name		aaag	it any reasonable time	Date)		
10. HOUSING IN	ISPECTED E	Y: Jo	yce Hahn										
Signature of Auth	_	1			1.0	ped Name				Date			
Joyce 9						Joyce H		.C Coor	dinator		- 2	3-18	
11 APPROVAL:			for occupanc	y by worl						1			
Signature of Auth		I				ped Name		0.0	all a state	Date		. ~	
Joyce 9								ce Hahn, FLC Coordinator 5-23-18					

	U.S. Department of Labor, Employment and Training Administra U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACI							Jones T	ME AND ADDRESS rucking LLC .			
EMPLOY					FACILITI	ES		Snapp	Road D 65261			
	<u>'</u>	Instruc	tions on Rever	se)								
2. HOUSING LO	CATION						3. HOUSIN	IG DESCF	RIPTION			
23036 Pap Brunswick,							Farm	Dwellin	g			
4. SLEEP ROOM		a. Do	rmitory Type			b. Fan	nily Type		ES USE	ONLY		
(No. & Measure) 1	2	3	4	1	2	3	4	5. CAPACITY	OILL		
Length					19'5				(Adults) 4 6. REGULATIONS COM	DUANCE		
Width					10'10				("x" proper box)	,	Yes	No
Ceiling Height					8				Water		\boxtimes	
Square Feet					2103				Electricity		\boxtimes	
No. of Rooms					1				Site		\boxtimes	
No. of Beds, Single									Screening		\boxtimes	
No. of Beds or Bunks, Double					2				Heating		\boxtimes	
7. FACILITIES (Number of eac	ch)						'				
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads				
1					1	1			6	7		
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable	laundry				
l			1				tubs					
Cook Stoves	Refrigerators	8	Garbage cor	tainers	First-aid Kit	ts		nguishers				
1	1				1		(No. & ty	pe)				
8. COMMENTS												
Inspected	using OSH	HA 19	10.142 re	gulatio	ons.							
The housin	na resides	in Ch	nariton Co	untv. I	MO which	n does	not have	e anv co	odes that prevent p	lacing a	ven	t
about the t								,	, , , , , , , , , , , , , , , , , , , ,		-	-
Troch pick	un in not o	woile	blo turico r	wool	c an thin l	housine	io in th	o rurol (aron.			
Trash pick	up is not a	Ivalia	DIE IWICE A	a weer	c as triis i	nousing	j is in un	erurara	area.			
9. EMPLOYER'S												
the housing de									J.S. Training and Employm presentatives of the State I			
					gional office	to inspect	the above		t any reasonable time.			
Employer's Signa	ture					ed Name				Date		
Au ?	ME				(Slenn F	ox, Mar	nager		2	>/	5
10. HOUSING IN										- 1= -		
Signature of Auth	orized Official	L 1 2	• 1		1	ed Name		roara	Coordinates	Date		, -
Define	11	lin	nah					rogram	Coordinator	2-6	(ジ・	15
	Housing app		for occupanc	by worl						B .		
Signature of Auth	orized Official	1.	-			ed Name)roaron	Coordinator	Date		
Delna	11 6	W	rush		L	Jenia IV	minish, F	rogram	Coordinator	2-6	25	-15

U.S. Department U.S. TRAINING	AND EMPI	LOYM	ENT SERVI	CE ·			Нарру	Apple	ME AND ADDRESS			
EMPLOY	ER FURNI				FACILITI	ES	100 mm 100 mm		cial Drive MO 63090			
2 112112112		Instruc	ctions on Rever	se)								
2. HOUSING LO						- 1	3. HOUSIN		RIPTION			
305 North Marthasville		357	HOU	ISE #3	i		Split L	.evel				
4. SLEEP ROOM	S	a. Do	rmitory Type		T	b. Fan	nily Type		F0.11	OF ONLY		
(No. & Measure) 1	2	3	4	1	2	3	4		ISE ONLY		-9
Length				14	16	13	13'5	12'5	5. CAPACITY (Adults)	20		
Width				10	13'5	12	10	13'5	6. REGULATIONS C ("x" proper box)	OWPLIANCE	Yes	No
Ceiling Height									Water			Ц
Square Feet				140	208'5	156	130'5	156'10	Electricity		\boxtimes	
No. of Rooms									Site		\boxtimes	
No. of Beds, Single									Screening		\boxtimes	
No. of Beds or Bunks, Double	nks, Double						2	2	Heating		\boxtimes	
7. FACILITIES (Number of each)									1			
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads				
3		vy Unnais Lav.					3					
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	dry tubs	Movable	laundry				
3			2				tubs					
Cook Stoves	Refrigerators	5	Garbage cor	ntainers	First-aid Ki	ts	Fire Extir	guishers				
3	3		2		2		(No. & ty)	C Dry				
8. COMMENTS					l.							
2 Driers												
0.5100.5												
9. EMPLOYER'S			ewed the hou	sina real	ulations of th	eUS D	enartment	of Lahor I	J.S. Training and Emp	lovment Service	e and	that
the housing de	scribed hereir	ו 🛛 ו	meets 🔲 do	es not m	neet such sta	andards. I	hereby au	thorize rep	resentatives of the SI	tate Employme	nt Ser	vice
Employer's Signa		id Irair	ing Administr	ation reg		to inspect ed Name		nousing a	t any reasonable time	Date		
Los	iule						Reidy,	Preside	nt		30/16	6
10. HOUSINGTN	10. HOUSING INSPECTED BY: Joyce Hahn							0 % a K				
	Signature of Authorized Official						and Title			Date		
10	ne	1		J	oyce H	ahn, FL	C Coor	dinator	6/3	30/16	3	
11. APPROVAL:			for occupancy	by work	ers recruite	d intersta	te.					
Signature of Auth		,			ed Name				Date			
(for	Joy w Hal						ahn, FL	.C Coor	dinator	6/3	30/16	5

U.S. Department U.S. TRAINING					ministration		Нарру	Apple	ME AND ADDRESS		
EMPLOYE	ER FURNIS		HOUSING		FACILITI	ES			cial Drive MO 63090		
2. HOUSING LOC							3. HOUSIN	G DESCR	RIPTION		
300 North T Marthasville	Name and Address of the Association	357	Н	OUSE	#2		Split L	evel			
4. SLEEP ROOMS			rmitory Type				nily Type		ES USE ON	LY	
(No. & Measure)	1 1	2	3	4	1	2	3	4	5 OADAOITY	-	
Length				10	16	13	13'5	12'5 13'5	(Adults) ZU 6. REGULATIONS COMPLIA	NCE	
Ceiling Height				10	133	12	10	133	("x" proper box) Water	Yes	No
				140	2005	150	12015	156'10	5 8 75 4 75 4 75 4 75 4 75 4 75 4 75 4 7		旹
Square Feet				140	208'5	156	130'5	15010	Electricity		
No. of Rooms No. of Beds,									Site		
Single No. of Beds or									Screening		님
Bunks, Double				2	2	2	2	2	Heating		Ш
7. FACILITIES (N		:h)	I faire a la		0						
Flush Toilets	Privy	Urinals		Lav. or Wa	sndasins	Showerho 3	eads				
Bathtubs	Movable Bat	htube	Laundry ma	chines	Fixed laund	doy tube	Movable	laundry			
2	WOVADIE DAL	intubs	2	Cillies	r ixed laulic	ary tubs	tubs	aunury			
Cook Stoves	Refrigerators	3	Garbage co	ntainers	First-aid Ki	ts	Fire Extir				
2	2		2		2		(No. & ty)	C Dry			
8. COMMENTS							4				
O FARI OVERIO	OFFICIOA	CION									
	FY THAT I ha	ve revi							J.S. Training and Employment Spresentatives of the State Empl		
office and/or En	nployment an				gional office	to inspec	t the above		t any reasonable time.		
Employer's Signat	yre				1		and Title Reidy, I	Drocido		Date 6/30/10	e
Les 21/10	lu					Luwaiu	Reidy,	Teside	111	0/30/10	
10. HOUSING IN	PER 10 10 10 10 10 10 10 10 10 10 10 10 10	Y: مام	yce Hahn						T-		
Signature of Author	orized Official	_/					and Title łahn, FL	C Coor		Date 6/30/10	6
11. APPROVAL:	Housing and	oroved.	for occupanc	v by wor				_			
Signature of Author	_		Toodpoile	, -,			and Title			Date	
You	/	1			J	loyce F	lahn, FL	.C Coor	dinator	6/30/10	6
11	7				•				F	ORM ES-33	

U.S. Department U.S. TRAINING	AND EMPL	.OYM	ENT SERVI	CE			Нарру	y Apple	ME AND ADDRESS			
EMPLOY	ER FURNIS		HOUSING tions on Rever	The state of the s	FACILIT	IES			MO 63090			
2. HOUSING LO	•	178387 WC	nons on hever	se <i>)</i>			3. HOUSIN	IG DESCE	RIPTION			
200 South Marthasvill	Three St.		Н	ouse #	# 1		Split L		AII FION			
				=,								
4. SLEEP ROOM (No. & Measure		a. Do	rmitory Type	4	1	b. Far	nily Type 3	4	ES US	E ONLY		
Length				10	15	11	13	12	5. CAPACITY (Adults)	18		
Width				13	13	11	13	14	6. REGULATIONS CO ("x" proper box)	MPLIANCE	Yes	No
Ceiling Height									Water		\boxtimes	
Square Feet				130	195	121	169	168	Electricity		\boxtimes	
No. of Rooms									Site		\boxtimes	
No. of Beds, Single				1		1			Screening		\boxtimes	
No. of Beds or Bunks, Double				1	2	1	2	2	Heating		\boxtimes	
7. FACILITIES (A	FACILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Wa	ashbasins	Showerh	eads	1			
2							2					
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laun	dry tubs	Movable	laundry				
2			1 wash	er			tubs					
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid K	its	Fire Extir	nguishers	1			
2	4		2		3			BC Dry				
8. COMMENTS	44.						-					
2 Driers												
9. EMPLOYER'S												
									J.S. Training and Emplop presentatives of the Stat			
		d Trair	ning Administr	ation reg	-			housing a	t any reasonable time.	Date		
Employer's Signature						ed Name Edward					30/16	3
10. HOUSINGTN	yce/Hahn											
Signature of Auth	(1) I	7		Тур	ed Name	and Title			Date			
(lon	Clorice Hab						lahn, FL	.C Coor	dinator	6/3	30/16	3
11. APP ROYAL	Housing app	royed	for occupancy	by work	ers recruite	ed intersta	te.					
Signature of Auth	orized Official	1	1		1	ed Name				Date		
you	, He				Joyce F	lahn, FL	.C Coor	dinator	6/3	30/16	5	

U.S. Departmen U.S. TRAININ EMPLOY	G AND EMP /ER FURNI	LOYM SHEC	ENT SERV	ce G and			Alewe 18358	lt Cond	AME AND ADDRESS rete, Inc. y Hwy D-20	lget Bureau No. 44-R1358
2. HOUSING LC	CATION						3. HOUSIN	IG DESCI	RIPTION	
605 E. Fie El Dorado		ЛО 64	4744				16X80) Mobile	e Home	
4. SLEEP ROOM			omitory Type	~		b. Fan	nily Type	1 4	ES USE	ONLY
(No. & Meesure Length	e) <u>1</u> 14'10	11'9	9 16'2	4	1		<u> </u>	-	5. CAPACITY 1	1
Width	113	11'3	3 11'3	<u> </u>					(Adults) 6. REGULATIONS COM	
Ceiling Height		8	8						("x" proper box) Water	Yes No
Square Feet	160	135		<u> </u>					Electricity	
No. of Rooms			100						Site	
No. of Beds,			1						Screening	
Single No. of Beds or	2	2	1				<u> </u>		Healing	
Bunks, Double 7. FACILITIES (I	<u>' </u>	<u> </u>		<u> </u>			<u> </u>	<u> </u>	rearing	
Flush Toilets	Privy	,	Urinals		Lav. or Wa	shbasins	Showerh	eads		
2	Privy Unnais					2				
Bathlubs	Movable Bat	htubs	Laundry machines F		Fixed launc	iry lubs	Movable	laundry		
2			•		****	•	tubs	ŕ		
Cook Stoves	Refrigerators	}	Garbage co	ntainers	First-ald Kit	s	Fire Extin			
1	1		1		1		(No. & ly) 2 Kid			
8. COMMENTS	<u> </u>	i			<u>. </u>		1			
Smoke/Ca New qualit	y built con	struc		5						
the housing de	FY THAT I ha	ve revi	neels 🔲 de	es not n	neet such sta gional office t	ndards. I o inspect	hereby aut	thorize rep	J.S. Training and Employn presentatives of the State I any reasonable time.	Employment Service
	mplayer's Signature MMMA DEST						and Title	prel	f.	Date 6/28/17
10. HOUSING IN		·	/ce Hahn							
Signature of Authorized Official				1 * '	ed Name a oyce H		ogram (Coordinator	Date 6/28/17	
11. APPROVAL:	Housing app	roved f	for occupanc	y by wor	cers recruited	interstat	e.			<u> </u>
Signature of Auth	orized Official		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Туре	d Name a	and Tille	-	<u> </u>	Date
Goes	u He	<u></u>			J	oyce H	ahn, Pro	ogram (Coordinator	16/27/17
(/										FORM ES-338-R2

Form Approved Budget Bureau No. 44-R1358

U.S. Department U.S. TRAINING					ninistration	1	Storey	Farms	ME AND ADDRESS	100 NO. 44-	(1000
EMPLOY	ER FURNI (Se		HOUSING		FACILITII	ES	Hwy E Steele	, MO 6	3877		
2. HOUSING LO	CATION					3	. HOUSIN	G DESCF	RIPTION		_
2949 State Steele, MC							House				
4. SLEEP ROOM: (No. & Measure			nitory Type		T.,		ily Type		ES USE ONL	.Y	
Length	8'11	21':	3 13'2	4	1	2	3	4	5. CAPACITY 3		
		-	-						(Adults) 3 6. REGULATIONS COMPLIAN	ICE	
Width	11'10	13'2	10'9						("x" proper box)	Yes	No
Ceiling Helght	8	8	8						Water	\boxtimes	
Square Feet	90.02	281.16	143.88						Electricity	\boxtimes	
No. of Rooms	1	1	1						Site	\boxtimes	
No. of Beds, Single		1	1						Screening	\boxtimes	
No. of Beds or Bunks, Double 1db									Heating	\boxtimes	
	Bunks, Double Tab 7. FACILITIES (Number of each)										
Flush Toilets	Privy		Jrinals		Lav. or Was	shbasins	Showerh	eads	1		
2							2				
Bathtubs	Movable Ba	thtubs L	aundry mad		Fixed laund	iry tubs	Movable tubs	laundry			
Cook Stoves	Refrigerator	rs C	arbage con	tainers	First-aid Kit	ts	Fire Extin				
1	1				1		(No. & ty)	pe)			
8. COMMENTS											
Dryer on site.											
the housing de	FY THAT I h	ave review	eets 🔲 do	es not r	neet such sta	andards. I	hereby au	thorize re	J.S. Training and Employment S presentatives of the State Emplo at any reasonable time.		
Employer's Signs		9, 1	Mari			ed/Name :		Stov		2 81	18
10. HOUSING IN			e Hahn			4.			J1	<i>P</i>	
Signature of Auth		3				ed Name				ate	
Joyce 9								ogram	Coordinator	2/8/18	
14. APPROVAL:			r occupancy	by wor					T _E) oto	
Signature of Auth		XI			1	ed Name		Outom	Considerator	ate	
Joyce of	Jahn				J	Oyue n	aiii, Fl	ograii!	Coordinator	2/8/18	
00									_		

									Form Appro Budget Bu	oved reau No. 44	-R1358
U.S. Departme					ministration	1	1. EMPLO	YER'S NA	ME AND ADDRESS		
U.S. TRAININ								Farms,			
EMPLO	YER FURNI				FACILIT	IES			er Road MO 64701		
O HOUSING L		e Instru	ctions on Rever	se)						-	
2. HOUSING LO							3. HOUSIN				£
Peculiar, I	249 th Stree MO 64078 JVING QU		ERS				rear, f		ouse with a Full Apartmetrance to upper, rear en ent		
4. SLEEP ROOM	MS	a. Do	ormitory Type		1	b. Far	nily Type		1		
(No. & Measur		2	3	4	1	2	3	4	ES USE ONL	.Y	
Length					12	12	12		5. CAPACITY (Adults) 6		
Width					7'3"	7'3"	7'4"		6. REGULATIONS COMPLIAN ("x" proper box)	ICE Yes	No
Ceiling Heigh	t	-			7	7	7		Water		
Square Feet					87.6	87.6	88.8		Electricity	\boxtimes	
No. of Rooms	3								Site		
No. of Beds, Single	ngle 5. of Beds or					1B	1-B		Screening	\boxtimes	
No. of Beds of Bunks, Doubl	ks, Double					0	0		Heating	\boxtimes	
7. FACILITIES	(Number of eac	ch)					•				
Flush Tollets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads			
2					1		1				
Bathtubs	Movable Ba	thtubs	Laundry mad	chines	Fixed laun	dry tubs	Movable	laundry			
0			1				tubs				
Cook Stoves	Refrigerators	s	Garbage cor	ntainers	First-aid Ki	its	Fire Extin				
1	1		1		1		(No. & ty)	p e)			
8. COMMENTS	;									-	
9. EMPLOYER'	S CEPTIFICAT	TION									
I CERT	TIFY THAT I ha	ave revi	ewed the hou	sing reg	ulations of th	he U.S. D	epartment o	of Labor, U	J.S. Training and Employment S	ervice, and	d that
the housing d	lescribed herei Employment ar	n ⊠i nd Trair	meets 🔔 do ning Administr	es not nation reg	neet such st gional office	andards. to inspec	I hereby au t the above	thorize rep housing a	presentatives of the State Emplo t any reasonable time.	yment Sei	rvice
Employer's Sign				Тур	ed Name	and Title			ate		
Lala			Ja	a me s	DRA	Ke	Maniger 1	-3/-	18		
10. HOUSING	NSPECTED B	Y:							1		
Signalure of Au	Signature of Authorized Official						and Title	(Da	ate	
(10	yer 6	He			R.	XX	cott	ehr	1	-51-	8
11. APPROVAL			for occupanc	by wor		4.		1	and the state of t		
Signature of Aut	thorized Officia	y ,			Тур	ed Name	and Title	10	Da	ate	
1/10	Con Hel						6 9	19m	F	-4/-/	X

U.S. Department U.S. TRAINING					ninistration			rens na Farms,	Inc.			
EMPLOY	ER FURNIS				FACILITI	ES	24820	S. Mille	er Road MO 64701			
		Instruc	tions on Rever	se)								
2. HOUSING LO	CATION						3. HOUSIN	G DESCF	RIPTION			
12710 E. 2 Peculiar, M UPPER LIV	10 64078		RS				rear, fi		ouse with a Full Apart trance to upper, rear on the ment			
4. SLEEP ROOM	_		mitory Type				mily Type	1	ES USE O	NI Y		
(No. & Measure) 1	2	3	4	1	2	3	4	5. CAPACITY			
Length					11	12	9'1"		(Adults)	ANCE		
Width					12'6"	11'2"	9'4"		("x" proper box)	Yes No		
Ceiling Height					9	9	9		Water			
Square Feet					138.6	134.4	85.54		Electricity			
No. of Rooms									Site			
No. of Beds, Single					0	2	a		Screening			
No. of Beds or Bunks, Double				1	0	0		Heating				
7. FACILITIES (I	7. FACILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	1			
2					2		2					
Bathtubs 2	Movable Bat	Movable Bathtubs Laundry machines Fixe					Movable tubs	laundry				
Cook Stoves	Refrigerators		Garbage co	atainere	First-aid Ki	te	Fire Extin	quichere				
1	1	•	1	itanieis	1	ıs	(No. & typ					
(No. & type)												
the housing de	IFY THAT I ha	ve revi	meets 🔲 de	oes not n	neet such st	andards.	I hereby au	thorize re	J.S. Training and Employmen presentatives of the State Em at any reasonable time.			
Employer's Signa	ture				Тур	0	and Title	<i>L</i> .		Date		
2 NIX	rate					2) Sa	mes D	RALa	manager	1-31-18		
	NSPECTED BY	/ :				A Alama	and Trula			D-4-		
Signature of Aut	Onized Official	H	1				and Title Hahn, FL	C Prog	ram Coordinator	1-31-18		
11. APPROVAL:	Housing app	proved	for occupanc	y by wor	kers recruite	d intersta	ate.					
ignature of Auth	norized Official	,			1		and Title			Date		
Cone	n to	_	=		J	loyce F	Hahn, FL	.C Prog	ram Coordinator	1-31-18		

U.S. Departme U.S. TRAININ EMPLOY	nt of Labor, E IG AND EMP YER FURNI	LOYM	ENT SERVI	CB			Terra 24820	Farms, S. Mill	er Road		
	(Sec	e Instru	ctions on Rever	se)			Harris	onville,	MO 64701		
2. HOUSING LO	CATION						3. HOUSIN	IG DESCF	RIPTION		
Peculiar, I	249 th Stree MO 64078 IVING QU <i>l</i>		RS				rear, f		ouse with a Full Apartmer trance to upper, rear entra nent		
4. SLEEP ROOM		a. Do	milory Type	Long T. B	1	b. Far	nily Type		ES USE ONLY		
(No. & Measur	9) 1	2	3	4	1	2	3	4	# CADACITY		_
Length					11	12	9'1"		(Adults) 4		
Width					12'6"	11'2"	9'4"		6. REGULATIONS COMPLIANCE ("x" proper box)	Yes	No
Cailing Height					9	9	9		Water	X	
Square Feet					138.6	134.4	85.54		Electricity	Ø	
No. of Rooms									Site	×	
No. of Beds, Single					0	2	1		Screening	X	
No. of Beds or Bunks, Double 1							0		Heating	×	
7. FACILITIES (ch)									
Flush Tollets	Privy	il-s	Urinals		Lav. or Wa	shbasins	Showerho	eads			
2	Unnais Lav. or washoas						2				
Bathtubs 2	Movable Bat				Fixed laund	iry tubs	Movable tubs	laundry			
Cook Stoves	Refrigerators		Garbage con	tainers	First-ald Kit	ls	Fire Extin	guishers			
1	1		1		1		(No. & ty)	,a)			
8. COMMENTS											
the housing de	FY THAT I have scribed herein	ve revit	neets 🔲 doe	s not m	eat such sta	ndards. I	hereby aut	horize rep	I.S. Training and Employment Services of the State Employment any reasonable time.	rice, and ent Sei	d that vice
Employer's Signa	le				Type Ja	d Name:	Deak	e n	Nanager 1-	19-	7
10 HOUSING IN		<u>':</u>			1-	J. 64 . 7			Date		
Signature of Auth	Crock)	16	1		Гуре	d Name	ACO	Hal	n 1-	19	17
11. APPROVAL:		rovad f	of occupancy	by work	ers recruited	Interstat	6.)	100	511		
Signature of Author		1	,			d Name		11	Date		
Clor	nex	th				1	YACE	Nal	nn 11-	19-	17 1
11	1-1						0	14-12	Sunhahari I.		

									Duotier o	ureau.rso. 91	A. 1000
U.S. Departmen					Iministration		Terra	Farms,			
EMPLOY	ER FURNI		D HOUSIN		FACILIT	IES			er Road MO 64701		
2. HOUSING LO			DITORS ON TREVE	307		-	3. HOUSIN	G DESCR	RIPTION		
12710 E. 2 Peculiar, N LOWER L	249 th Stree MO 64078	-	ERS				Full U _l	pper Ho	ouse with a Full Apartn trance to upper, rear e		
4. SLEEP ROOM		a. D	omilory Type		1		illy Type		ES USE ON	LY	
Length	9) 1	-	3	4	1 12	12	12	4	5. CAPACITY 6		-
Width			1		7'3"	7'3"	7'4"		6. REGULATIONS COMPLIA	NCE Yes	No
Ceiling Height	1		1		7	7	7		("x" proper box) Water	N	
Square Feet					87.6	87.6	88.8		Electricity	$\overline{\boxtimes}$	司
No. of Rooms					1				Site	X	
No. of Beds, Single					1-8	1B	1-8		Screening	Ø	
No. of Beds or	No. of Beds or Bunks, Double 0								Healing	×	
	FACILITIES (Number of each)									<u> </u>	
Flush Tollets	Privy		Urinals	****	Lav. or Wa	shbasins	Showerhe	ads			
2	,				1		1				
Bathtubs	Movable Bati	htubs	Laundry mad	chines	Fixed laund	iry tubs	Movable la	aundry			
0			1				tans				
Cook Stoves	Refrigerators		Garbage cor	tainers	First-aid Kit	ls .	Fire Exting	guishers			
1	1		1		1		(No. & typ	9)			
8. COMMENTS							4				
											- 1
											1
											- 1
9. EMPLOYER'S			awed the how	eira rea	ulations of the	elis De	nartment of	I shor II	.S. Training and Employment :	Service an	i that
the housing des	scribed herein	\boxtimes	neets 🗌 do	es not m	est such sta	ndards. I	hereby auti	norize rep	resentatives of the State Empl any reasonable time.		
Employer's Signat) ESMIS	mi Wommunger	ation reg	- Indiana	d Name a		ivusing at		ate	
Alle	ake				Ja	mes"	Drake	_ M	anager	1-19-1	7
10. HOUSING IN	SPECTED BY	,							8		
Signature of Author	rized Official	77.	1		Туре	d Name a	nd Tille	1/	1 1 1 10	ate	رسا
10	94.1	Han		h			ACO.	Hai	nn coordinant	1111	/
11. APPROVAL: Signature of Altho		eved f	or occupancy	by work	17 11 11 11 11	d Name a		-	la la	ate	
Long Community	11, 2	1	_		/ Spe	W /	2 /	ahn	· Cardinator	1-191	71
77	4/10			*· *		MA	-1-4-	1 1 11 1			

U.S. Department U.S. TRAINING	of Labor, Er AND EMPI	nployn LOYM	ent and ENT SI	i Train	ing Adı E	ministration			YER'S NA Farms,	ME AND ADDRESS			
EMPLOY	ER FURNI	SHED	HOU	SING	AND	FACILITI	ES			er Road			
		Instruc						Harris	onville,	MO 64701			
2. HOUSING LO	CATION							3. HOUSIN	G DESCF	RIPTION			
12710 E. 24 Peculiar, M LOWER LI	O 64078		RS					rear, fi		ouse with a Full trance to upper, ent			
4. SLEEP ROOMS			mitory					nily Type		ES L	JSE ONLY		
(No. & Measure,) 1	2	-	3	4	1	2	3	4	5. CAPACITY			
Length			_			12	12	12	15	(Adults) 6. REGULATIONS O	5 COMPLIANCE		
Width						7'3"	7'3"	7'4"	8'	("x" proper box)	DOMI LIAMOL	Yes	No
Ceiling Height						7	7	7	7	Water		\boxtimes	
Square Feet						87.6	87.6	88.8	120	Electricity			
No. of Rooms										Site		\boxtimes	
No. of Beds, Single								1-B	þ	Screening		\boxtimes	
Bunks, Double							0	0	6	Heating		\boxtimes	
7. FACILITIES (A	FACILITIES (Number of each)												
Flush Toilets	Privy		Urinals	3		Lav. or Wa	shbasins	Showerhe	eads	i			
2						1		1					
Bathtubs	Movable Bat	htubs	Laund	ry mac	hines	Fixed laund	dry tubs	Movable I	aundry				
0			1					tubs					
Cook Stoves	Refrigerators	S	Garba	ge con	tainers	First-aid Ki	ts	Fire Extin	guishers				
1	1		1			1		(No. & typ	oe)				
8. COMMENTS			-			I.							
9. EMPLOYER'S			nund th	o hour	ina roa	ulations of th	o II e D	onadment c	ef Labor I	J.S. Training and Emp	Journant Cani	00 00	d that
the housing de	scribed hereir	ı 🛛 r	neets	ob 🔲	es not m	neet such sta	andards.	I hereby aut	thorize rep	presentatives of the Si	tate Employme		
		id I rain	ing Aar	nınıstra	ation reg		to inspec ed Name		nousing a	t any reasonable time	Date		
Elliployer's Signal	Employer's Signature								Va	Foreman) -	J -	2011
10. HOUSING IN	SPECTED B	Y:				100	int)	er la	1	or critical	17	~ 0	×-/ V
Signature of Author						Туре	ed Name	and Title	5	tate Mon.	top Date		
Dolu	Delya: Menish Debra Minish Advocate 2-2-16												
11. APPROVAL:	Housing app	proved	or occu	pancy	by work				-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Signature of Author								and Title	2	State Mon	Date Date		
Delua	N	Jun	لمص			D	ebra	Min	SA	Advo		-2	16

1. EMPLOYER'S NAME AND ADDRESS

U.S. Department U.S. TRAINING					ministration	1		YER'S NA Farms,	ME AND ADDRESS			
EMPLOY	ER FURNIS	SHED	HOUSING	G AND	FACILITI	IES	24820	S. Mill	er Road			
ĺ	(See	Instruc	tions on Rever	se)			Harris	onville,	MO 64701			
2. HOUSING LO	CATION						3. HOUSIN	IG DESCF	RIPTION			
12710 E. 2 Peculiar, M UPPER LIV	10 64078		RS				rear, f		ouse with a Full trance to upper, nent			
4. SLEEP ROOM		-	rmitory Type				nily Type		ES I	JSE ONLY		
(No. & Measure) 1	2	3	4	1	2	3	4	5. CAPACITY	- Sea	1400	_
Length					11	12	9'1"		(Adults) 6. REGULATIONS (COMPLIANCE	4	
Width					12'6"	11'2"	9'4"		("x" proper box)		Yes	No
Ceiling Height					9	9	9		Water			ᆜ
Square Feet					138.6	134.4	85.54		Electricity		\boxtimes	Ш
No. of Rooms									Site		\boxtimes	
No. of Beds, Single					0	2	1		Screening		\boxtimes	
No. of Beds or Bunks, Double					1	0	0		Heating		\boxtimes	
7. FACILITIES (A	7. FACILITIES (Number of each)											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerh	eads				
2					2		15	2				
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laun	dry tubs	Movable	laundry	1			
@ 2			1				tubs					
Cook Stoves	Refrigerators	3	Garbage co	ntainers	First-aid Ki	its		nguishers				
1	1		1		1		(No. & ty)	pe)				
8. COMMENTS					1		1					
9. EMPLOYER'S	CERTIFICAT	ION.										
I CERTI	FY THAT I ha	ve <u>re</u> vi							J.S. Training and Emp			
									presentatives of the S at any reasonable time		ent Ser	vice
Employer's/Signa			9	-			and Title			Date		
13 Dily			Sa	ines.	Dras	Ke		2-6	2-26	5/6		
10 HOUSING IN	ISPECTED BY	Y:										
Signature of Auth	Signature of Authorized Official								The Manit	O/ Date		
Dolun	- M	n	sh		0	bon	Minis	1	ate Monit	te 2	-2-	16
11. APPROVAL:	Housing app	roved	for occupanc	y by worl	kers recruite	d intersta						
Signature of Auth	orized Official	\sim			Тур	ed Name	and Title	,5	tate Moni	for Date		
Dolo		lin	unil		IT) o has	ni.		Advacat		-2+	.16

							4 51010	VEDIO NI	ME AND ADDDESS			
U.S. Department U.S. TRAINING					ministration		Terra	Farms,				
EMPLOY	ER FURNIS	SHED	HOUSING	AND	FACILITI	ES			er Road			
	(See	Instruc	tions on Rever	se)			Harris	onville,	MO 64701			
2. HOUSING LO	CATION						3. HOUSIN	IG DESCR	RIPTION			
12710 E. 2 Peculiar, M UPPER LIV	O 64078		RS				rear, fi		ouse with a Full trance to upper, nent			
4. SLEEP ROOMS	2	a Do	rmitory Type			h Far	nily Type					
(No. & Measure		2	3	4	1	2	3	4	ES	USE ONLY		
Length					11	12	9'1"		5. CAPACITY (Adults)	4		-1
Width					12'6"	11'2"	9'4"		6. REGULATIONS ("x" proper box)	COMPLIANCE	Yes	No
Ceiling Height					9	9	9		Water			
Square Feet					138.6	134.4	85.54		Electricity			
No. of Rooms									Site			
No. of Beds, Single	Single No. of Beds or						1		Screening		\boxtimes	
No. of Beds or Bunks, Double	No. of Beds or Bunks, Double						0		Heating		\boxtimes	
7. FACILITIES (A	lumber of eac											
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
2					2		2					
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	dry tubs	Movable	laundry	1			
2			1				tubs					
Cook Stoves	Refrigerators	5	Garbage cor	tainers	First-aid Ki	ts	Fire Extin		1			
1	1		1		1		(No. & ty)	pe)				
8. COMMENTS												
9. EMPLOYER'S	CERTIFICAT	ION:										
									J.S. Training and Em			
									presentatives of the S at any reasonable time		ent Ser	vice
Employer's Signal		7	//	ation reg			and Title	/	r any reasonable time	Date		
	7 /			1.36	-	- 1	,/_/			12 -	1_	
10. HOUSING IN	SPECTED BY	V· lo	yce Hahn			/ /	m	Neg	nev	1-	12-1	7
Signature of Author			, 30 . 10/111		Type	ed Name	and Title			Date		
///	14	1				oyce F				1-	22	-/
11. APPROVAL:	Housing apr	proved	for occupance	by worl							-)
Signature of Auth			/ USUMPHING	, 2, 11011			and Title			Date		
//		4	/			oyce F				1	27.	/_
1 Vari	01/	16			0	5,001				10	1	5

	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE					l	EMPLOYER'S NAME AND ADDRESS Terra Farms, Inc.					
EMPLOY	ER FU	RNISHEI	D HOUSING	S AND	FACILITI	IES	24820	S. Mill	er Road			
			ctions on Rever				Harris	onville,	MO 64701			
2. HOUSING LC	CATION						3. HOUSING DESCRIPTION					
12710 E. 2 Peculiar, M LOWER L	10 640	78	ERS				rear, f		ouse with a Full Apa trance to upper, rea ent			
4. SLEEP ROOM			ormitory Type				nily Type		ES USE	ONLY		
(No. & Measure	e) 1	2	3	4	1 12	12	12	15	5. CAPACITY 3			
Width					7'3"	7'3"	7'4"	8'	6. REGULATIONS COMP		N/a	
Ceiling Height					7	7	7	7	("x" proper box) Water	Yes	No	
Square Feet					87.6	87.6	88.8	120	Electricity			
No. of Rooms									Site			
No. of Beds, Single					1-18	1	18	0	Screening	\boxtimes		
No. of Beds or Bunks, Double					0	. 0	0	0	Heating	\boxtimes		
7. FACILITIES (I	Number of	f each)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhed	eads				
Bathtubs	Movable	Bathtubs	Laundry mac	hines	Fixed laund	fry tubs	Movable I	aundry				
0			. 1				tubs					
Cook Stoves	Refrigera	ators	Garbage con	tainers	First-aid Kit	ts	Fire Exting (No. & type					
8. COMMENTS												
the housing de	FY THAT scribed he	I have revi erein ⊠ r	neets 🔲 doe	es not m	eet such sta	indards. I	hereby aut	horize rep	.S. Training and Employmeresentatives of the State Et any reasonable time.			
Employer's Signer	ture	The	m			d Name	and Title	ner		Date />>-/	5	
TO. HOUSING IN			yce Hahn	7			5) 950					
Signature of Author	orized Offi	icial				d Name byce H				Date /-22-/	15	
11. APPROVAL:			for occupancy	by work	ers recruited	interstat	e.					
Signature of Author	orized Offi	icial				d Name				Date		
Cforge	C #	af			Jo	byce H	diii			1-22-1	15	

Form Approved Budget Bureau No. 44-R1358

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES						1	Thouv	enel H	ME AND ADDRESS arvesting			
EMPLOY	ER FURNI	SHE	HOUSIN	G AND	FACILIT	IES			ibbon Rd. O 65084			
		Instru	ctions on Reve	rse)								
2. HOUSING LO							3. HOUSIN					
10083 Red Versailles,	d Ribbon F MO 6508								travel trailer 200 01254B039498	4 Keystor	ie Co	ugar
4. SLEEP ROOM (No. & Meesure		a. Do	ormitory Type	4	1	b. Far	nily Type	4	ES U	JSE ONLY		
Length	9 1	-	1 3	1	+	-2	3	-	5. CAPACITY (Adults)	7		
Width									6. REGULATIONS C	COMPLIANCE	Yes	No
Ceiling Height				_					Water		Ø	
Square Feet									Electricity		$\overline{\boxtimes}$	
No. of Rooms									Site		\boxtimes	
No. of Beds, Single									Screening		X	
No. of Beds or Bunks, Double									Heating		X	
7. FACILITIES (Number of eac	h)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
1					1		1					
Bathtubs	Movable Bat	htubs	Laundry ma	chines	Fixed laun	dry tubs	Movable I	laundry				
			1				tuns					
Cook Stoves	Refrigerators		Garbage co	ntainers	First-aid Ki	its	Fire Extin	guishers be)				
8. COMMENTS												
Pull type to	avel trailer	:										
the housing de	FY THAT I have scribed herein	ve revi	neets 🔲 de	es not m	eet such st	andards. I	hereby aut	horize rep	.S. Training and Emp resentatives of the St any reasonable time.	ate Employm	ce, and ent Ser	f that vice
Employer's Signa	ture	1	VIDII AY	2		ed Name	and Title Thouver	net Own	ner	Date /	/ 1	7
10. HOUSING IN	ISPECTED BY	a los	ce Hahn	_		MINIEG	THOUVE	ioi, Ow		/-	6-1	(
Signature of Auth		/	ov railli		Туре	ed Name	and Title			Date		
Chon	ace X	h			J	oyce H	ahn, FL0	C Coore	dinator	1-0	6-1	7
11. APPROVAL	Housing app	roved	or occupancy	by work	ers recruite	d interstat	е.					
Signature of Auth	orized Official	11	,			ed Name a				Date	, ,	
De	ICI X	tal	~		J	oyce H	ahn, FLO	C Coore	dinator	1-	6-1	1

U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE						ı	EMPLOYER'S NAME AND ADDRESS Thouvenel Harvesting					
EMPLOY	ER FURNI		HOUSII		FACILITI	IES	10083	Red R	ibbon Rd. O 65084			
2. HOUSING LO		. I/ISI/ HU	aions on he	erse/			3. HOUSIN	IG DESCE	PIDTION			
10083 Red Versailles,	Ribbon F						32 Ft	Mobile	travel trailer 2004 Ke 01254B039498	ystone Cougar		
4. SLEEP ROOM: (No. & Measure		a. Do	rmitory Typ	e 4	1	b. Fan	nily Type	4	ES USE C	ONLY		
Length	<i>,</i>		3	4			3	4	5. CAPACITY 7			
Width									6. REGULATIONS COMPL ("x" proper box)	IANCE Yes No		
Ceiling Height									Water			
Square Feet									Electricity			
No. of Rooms		L							Site			
No. of Beds, Single									Screening			
No. of Beds or Bunks, Double									Heating			
7. FACILITIES (A	lumber of eac	ch)										
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads				
1	1 1											
Bathtubs	Movable Bat	thtubs	Laundry m	achines	Fixed laund	dry tubs	Movable tubs	laundry				
Cook Stoves	Refrigerators	S	Garbage o	ontainers	First-aid Ki	its	Fire Extin					
8. COMMENTS												
	8. COMMENTS Pull type travel trailer.											
the housing de	FY THAT I ha	ive revi	neets 🗌	does not n	neet such st	andards. I	hereby au	thorize rep	J.S. Training and Employment presentatives of the State Em t any reasonable time.			
Employer's Signa	ture	A			2.1	ed Name				Date		
SHE.	2	- Transfer	Strate Street Bank Street Street Street		(Garrett	Thouver	nel, Ow	ner	1-25-7-		
10. HOUSING IN			yce Hahn									
Signature of Auth	orized Official				1.5.0	ed Name Joyce H	and Title lahn, FL	C Coor	dinator	1-23-15		
11. APPROVAL:	Housing ap	proved	for occupar	cy by wor	kers recruite	ed interstat	te.					
Signature of Auth	orized Officia				Тур	ed Name	and Title			Date		
Hoyu	Joyce Hahn, FLC Coordinator 1-23-15											

									Budget Bureau	No. 44-	R1358
U.S. Department U.S. TRAINING		OYM	ENT SERVIO	CE			Tri-Co 27469	unty El			
Lim Lot			tions on Rever		. ,		Cente	r, MO 6	3436		
2. HOUSING LO							3. HOUSIN	IG DESCF	RIPTION		
207 Jeffers							House	2			
Perry, MO							110000	4			
4. SLEEP ROOM	\$	a. Do	mitory Type		1	b. Far	nily Type		EG HEE ONLY		_
(No. & Measure) 1	2	3	4	1	2	3	4	ES USE ONLY		
Length	11'4 12'11 15'5							5. CAPACITY 8			
Width					13'4	12'8	11'10		6. REGULATIONS COMPLIANCE ("x" proper box)	Yes	No
Ceiling Height					8	8	8		Water	\boxtimes	
Square Feet					152.76	155	172.05		Electricity		
No. of Rooms					1	1	1		Site	\boxtimes	
No. of Beds, Single					2	3	3		Screening		
No. of Beds or Bunks, Double					-				Heating	\boxtimes	
7. FACILITIES (A	lumber of eac	h)									
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerh	eads			
2							2				
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	iry tubs	Movable	laundry			
2			1				tubs				
Cook Stoves	Refrigerators		Garbage cor	ntainers	First-aid Kit	ts	Fire Extin				
1	1		1		1		(No. & ty)	De)	,)		
8. COMMENTS									,		
1 dryer on-	site										
escape lad	der on 2nd	floor									
	•.									1	
							١				
	•						-				
9. EMPLOYER'S					1				·		
the housing de	scribed hereir	1 🛛 1	meets 🔲 de	oes not n	neet such sta	andards.	I hereby au	thorize re	J.S. Training and Employment Sen presentatives of the State Employn		
		d Trair	ning Administr	ration reg				housing a	at any reasonable time.		
Employer's Signa	ture/ V	7		1			and Title	/	Date Date	1	10
Same	470	ar	rea		Ta	mele	Clady	vos, r	resident 3,	120/	18
10. HOUSING IN			yce Hahn		1=		- 4 T/sl-		In.		
Signature of Auth	. / .				1		and Title Hahn, Pr	ogram (Coordinator Date	9 3/20/1	8
11 APPROVAL:		noved	for occupanc	v by wor				3			
Signature of Auth		_		, ~, .,			and Title		Date	.	
Jouce Hahn					J	Joyce Hahn, Program Coordinator 3/20/18					

U.S. TRAINING	U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)						Tri-Co 27469		ME AND ADDRESS ectrical Contractor, L a Rd	LC
		Instruc	tions on Rever:	se)						
2. HOUSING LOC	CATION					3	. HOUSIN	IG DESCF	RIPTION	
919 Church Fulton, MO							Apartr	ment		
4. SLEEP ROOMS (No. & Measure		a. Do	rmitory Type	4	1 1	b. Fam	ily Type 3	4	ES USE O	DNLY
Length	11.9	12	1 11'10	14'8	?				5. CAPACITY (Adults)	
Width	11'11	9,	7 14'5	17	3				6. REGULATIONS COMPL ("x" proper box)	Yes No
Ceiling Height	8	8	8	8					Water	
Square Feet	132	11-	1 160	26	3				Electricity	
No. of Rooms									Site	
No. of Beds, Single	2	2	3	1					Screening	\boxtimes
No. of Beds or Bunks, Double									Heating	\boxtimes
7. FACILITIES (A	lumber of eac	:h)								
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerho	eads	1	
2							ā	7		
Bathtubs	Movable Bat	htubs	Laundry mad	chines	Fixed laund	fry tubs	Movable tubs	laundry		
1			/				tubs			
Cook Stoves	Refrigerators	6	Garbage cor	ntainers	First-aid Kit	:s	Fire Extin			
8. COMMENTS										
the housing de	FY THAT I ha scribed hereir	ive revi	meets 🔲 do	oes not n	neet such sta	andards. I	hereby au	thorize re	J.S. Training and Employme presentatives of the State Er at any reasonable time.	
Employer's Signa	19					Name a				Date /
San	Bar	ne	2		+0	am	150	rn	25	9/11/18
10. HOUSING IN	ISPECTED B	Y:								1
Signature of Auth	. / .				1	ed Name				Date
11	Hahn							ogram	Coordinator	9/11/18
11. APPROVAL:			for occupanc	y by worl						
Signature of Auth	,				"	Date Joyce Hahn, Program Coordinator				
Joyce 9	Joyce Hahn Jo						ahn, Pr	ogram	Coordinator	9/11/18

	nt of Labor, Employn G AND EMPLOYM		dministration		AME AND ADDRESS lectrical Contractors, I	LC		
Annual Market Ma	YER FURNISHED		D FACILITIES	27469 Florid	a Road			
	(See Instruc	ctions on Reverse)		Center, MO	03436			
2. HOUSING LO	CATION			3. HOUSING DESC	RIPTION			
1079 N. 7 ^t Canton, M				Manufacture	d Mobile Home			
4. SLEEP ROOM (No. & Measur		ormitory Type		amily Type	ES USE O	NLY		
Length	-		116 34	199	5. CAPACITY (Adults)			
Width			10'10'99	799	6. REGULATIONS COMPLI ("x" proper box)	ANCE Yes No		
Ceiling Height	t		8 8		Water	40		
Square Feet			117.1672	98.01	Electricity			
No. of Rooms	5				Site	10,0		
No. of Beds, Single			22		Screening			
No. of Beds o Bunks, Double			2		Heating	Z O		
	(Number of each)					,		
Flush Toilets	Privy	Urinals	Lav. or Washbasir	ns Showerheads				
Bathtubs	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs				
Cook Stoves	Refrigerators	Garbage container	s First-aid Kits	Fire Extinguishers (No. & type)				
8. COMMENTS		WZCKLY						
		(
I CERT	lescribed herein 🛛	meets 🔲 does not	meet such standards	s. I hereby authorize re	U.S. Training and Employmer presentatives of the State Em at any reasonable time.			
Employer's Sign	ele far	Mes	Fyped Name	le and Title Car Barne	25, President	Date 5/17/17		
Signature of Aut	1	yce Hahn	Toward Manager	o and Title		Date		
Signature of Aut	anonzed Official		Typed Nam Joyce	Hahn, Program	Coordinator	5-17-17		
11. APPROVAL	Housing approved	for occupancy by we	orkers recruited inters			011/1		
Signature of Aut		catapanaj oj m		Typed Name and Title Date				
1 An	y Hal		1	Joyce Hahn, Program Coordinator S-/7-/7				

U.S. Departm					dministration	n	1. EMPLO	YER'S N	IAME AND ADDRESS	get Buleau No. 44	-11100	
U.S. TRAINI			MENT SERV E D HOUSI !		SEACH IT	TEC	VVright 42922		ty Farms, LLC lwv 10			
-1818			uctions on Rev		JFACILIT	IES			//O 64085			
2. HOUSING I	OCATION						3. HOUSING	G DESC	RIPTION			
48532 Hv Hardin, M		i					Farm H	House				
4. SLEEP ROO			Dormitory Typ			b. Family Type			ES USE	ONLY		
Length	<i>ire)</i> 1		2 3	15'4'	1	2	3	4	5. CAPACITY //	16-2 \$000000pe is.		
Width	13'6		'5" 13'5"	13'6'					6. REGULATIONS COMP		Ma	
Ceiling Heigh	nt 9	9	9	9					("x" proper box) Water	Yes 🖂	No	
Square Feet	207	19	206	207					Electricity			
No. of Rooms	s 1	1	1	1					Site	\boxtimes		
No. of Beds, Single	1	1	,	1					Screening	\boxtimes		
No. of Beds of Bunks, Double									Heating	\boxtimes		
7. FACILITIES	(Number of e	ach)					11.					
Flush Toilets	Privy		Urinals		Lav. or Was	shbasins	Showerhea	ids				
1					1		1					
Bathtubs	Movable E	athtubs	Laundry ma	chines	Fixed laund	ry tubs	Movable la	undry				
1			1				tubs					
Cook Stoves	Refrigerato	ors	Garbage co	ntainers	First-aid Kits	S	Fire Extingu (No. & type)					
1	1		2		2		2	'				
B. COMMENTS												
ETA Regs			spection									
Propane g	as for he	ating										
. EMPLOYER'S			I Des Leave						0.7.11	4 O i 4 A	L_1	
									 S. Training and Employmen esentatives of the State Em 			
office and/or E	mployment a				onal office to	inspect t	he above ho		any reasonable time.			
mployer's Signa	ture	1			Typed	Name a	nd Title	0/		Date /	,-	
10. HOUSING INSPECTED BY:								4	comange 1	1/301	15	
gnature of Author		777/5			Tuned	Name ar	nd Title			Date		
O STA			10					e Mor	nitor Advocate	7/20/14	_	
1. APPROVAL:	Housing an	proved for	or occupancy	by works						1/30/13	2_	
gnature of Autho			o. occupancy	Dy WOINE					T	Date	-	
	Dalita Mariah.						Typed Name and Title Debra Minish, State Monitor Advocate Date 7 30 15					



U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

1. EMPLOYER'S NAME AND ADDRESS
Wright Liberty Farms, LLC
42922 Old Hwy 10
Richmond, MO 64085

(See	Instructions	on	Reverse)	ı

2.	НО	USIN	IG LOC	ATION
	48	532	Hwy	10

3. HOUSING DESCRIPTION

Farm House

Hardin, M	O 64035										
4. SLEEP ROOM		a. De	ormitory Type			b. Fan	nily Type		ES USE	ONLY	
(No. & Measur	e) 1	2	3	4	1	2	3	4	5. CAPACITY	OHLI	
Length	15'4	15'	4 15'4	15'4					(Adults) 4		
Width	13'6	12'	5 13'5	13'6					6. REGULATIONS COMP ("x" proper box)	PLIANCE Yes	No
Ceiling Height	9	9	9	9					Water	区	
Square Feet	207	190	206	207					Electricity		
No. of Rooms									Site	X	
No. of Beds, Single	1	1	1	1					Screening	\boxtimes	
No. of Beds or Bunks, Double									Heating	X	
7. FACILITIES (Number of eac	:h)									
Flush Toilets	Privy		Urinals		Lav. or Wa	shbasins	Showerhe	eads	1		
1					1		1				
Bathtubs	Movable Bat	htubs	Laundry mad	hines	Fixed laund	dry tubs	Movable	laundry			
1			1				tubs				
Cook Stoves	Refrigerators		Garbage con	tainers	First-aid Kit	Kits Fire Extinguishers					
1	1		2		2		(No. & typ.	oe)			
8. COMMENTS		_									-
ETA Regs Propane ga	as for heat	ing	spection								
the housing dea	FY THAT I hav scribed herein	re revie	neets 🔲 doo	es not m	eet such sta	indards, I	nereby aut	horize rep	S. Training and Employmeresentatives of the State Et any reasonable time.		
Employer's Signat	are Al	S			Type	d Name a	nd Title	Dox	office manager	7-12-	Ko
10. HOUSING	SPECTED BY	: Joy	ce Hahn			•			9		
Signature of Author	zed Official	4	L		0 0 0	d Name a Dyce Ha		gram C	Coordinator	7-/2-/	14
11. APPROVAL:	Housing app	oved f	or occupancy	by work	ers recruited	interstate					
Signature of Authorized Official					d Name a		1220		Date	,,	
Joyce Hahn, Program					gram C	coordinator	7-12-1	6			

Form Approved
Rudget Europa No. 44-R1366

	**************************************								Buffel Europa No. 44-RT
U.S. Departme U.S. TRAININ EMPLO	IO AND EI YER FUR	MPLOYA INISHE		CB 3 AND			Wrigi 2250	nt Ather 5 East I	AME AND ADDRESS ton Farms, LLC Meyers Rd. Se, MO 64058
2. HOUSING LO	CATION						3. HOUSE	NG DESC	RIPTION
48532 Hw Richmond	y 10	085					Farm	House	
4. SLEEP ROOM			ormitory Type				пр Тура		ES USE ONLY
(No. Measur	9) 1	2	3	4	154	2	154	154	6 CAPACITY 12
Length		+	-	_	-	154	-	-	(Adults) 5. REGULATIONS COMPLIANCE
Width		1_			13'6	12'5	135	13'6	('x" proper box) Yes N
Calling Height					8	9	8	8	Water 🛭 🔻
Square Feet					207	190	208	207	Electricity
No. of Rooms									Site
No. of Beds, Single		1			1	1	3	3	Screening 🛛
No. of Beds of Bunks, Double				,	1BK	1BK		IBK	Healing 🛛 🖺
7. FACILITIES (Number of e	sach)						1	
Flush Tollels	Privy		Urinals		Lav. or We	enlactife	Showerh	eads	
1					1		1		
Balhlubs	Movable E	Bathlubs	Laundry mac	hines	Flood laune	iry tubs	Movable	laundry	
1			1		ļ.		tubs		
Cook Stoves	Refrigerati	ons	Garbage conf	ainera	First-aid Kil	3	Fire Extin	guishers	
1	1		2		2		(No. & b)	ne)	
B. COMMENTS									
ETA Regs Propane gi			spection						
						li .			
the housing des	Y THAT I I	neve revie	seels doe	a not m	eet such sta	ndarda, fi	hereby aut	horize repr	S. Training and Employment Service, and that exentatives of the State Employment Service any reasonable time.
oripidyer's Signat		Jan Jan	0			d Name a			2-14-17
O. HOUSING IN	SPECTED	ay: Joy	ce Hahn		1				
Signature of Autho						i Namé a lyce Ha		gram C	oordinator 214-17
LAPPROVAL:	Houseless -	normed 6	A OCCHUDALA)	iv wask			·		
Signature of Autho			- combanny	7		l Name a		18 180	Date
-/ /	cex	1.7	1	- il Sedim				gram C	coordinator 2-14-17
-	2						110.		

									a a Form Appr	oved	
U.S. Department of Labor, Employment and Training Administration U.S. TRAINING AND EMPLOYMENT SERVICE							1. EMPLOYER'S NAME AND ADDRESS Wright Farms, LLC				
EMPLOYER FURNISHED HOUSING AND FACILITIES (See Instructions on Reverse)							42922 OH HWY 10 Richmond, MO 44085				
2. HOUSING LOCATION							3. HOUSING DESCRIPTION				
9012 Long Lake Rd Richmond, Ma 64085							House				
4. SLEEP ROOM (No. & Measure		a. Do	rmitory Type	4	1	b. Fan	nily Type 3	4	ES USE ONL	.Y	
Length	14'4	15	1 141						5. CAPACITY (Adults)		
Width	15	14'	1 12'2						6. REGULATIONS COMPLIAN ("x" proper box)	ICE Yes	No
Ceiling Height	8	8	8						Water	X	
Square Feet									Electricity	X	
No. of Rooms									Site		
No. of Beds, Single	1	1							Screening	Ŏ	
No. of Beds or Bunks, Double		Ible	L IbIL						Heating	\boxtimes	
7. FACILITIES (N	Number of eac	:h)									
Flush Toilets	Privy		Urinals		Lav. or Washbasins		Showerheads				
Bathtubs	Movable Bathtubs		Laundry machines		Fixed laundry tubs		Movable laundry tubs		,		
Cook Stoves	Refrigerators		Garbage containers		First-aid Kits		Fire Extinguishers (No. & type)		ž.		
8. COMMENTS							- 41				
Scree	en on	be	droom	\	1 / Ne	red +	o che	ck	Wher Fes	+	
leak	- to W	ash	, mach	ine							
Do	or to	be	Semen	t N	reeds	rep	dace	4	*		
Br	icks	Nea	ed tio	led	ate	ntra	}				
Fire	2 850	200	ladde	245	W)	2 1	Dev		rooms		
9. EMPLOYER'S			wed the hous	ina reau	lations of the	e U.S. Dei	nartment o		.S. Training and Employment Se	ervice, and	that
the housing des	scribed herein	\boxtimes -m	eets 🔲 doe	es not m	eet such sta	ndards. H	hereby aut	horize rep	resentatives of the State Employ		
office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time. Typed Name and Title Date Date											
uphatel wind manager 927/7											
10. HOUSING INS	SPECTED BY	:							0	. ,	

Typed Name and Title

Typed Name and Title

Joyce Hahn, Workforce Specialist IV

Joyce Hahn, Workforce Specialist IV

Signature of Authorized Official

Signature of Authorized Official

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

FORM ES-338-R2

Date

Date